


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90077 050 \*\*\*158.75

<b>DOCUMENT # P98000012795</b>			
1. Entity Name <b>DIVINE PAINTING, INC.</b>			
Principal Place of Business <b>18800 NW 29TH AVE CAROL CITY FL 33056</b>		Mailing Address <b>18800 NW 29TH AVE CAROL CITY FL 33056</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0812305</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CROSBY, DENISE 18800 NW 29TH AVE CAROL CITY FL 33056</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Denise S. Crosby - DENISE S. CROSBY DATE: 2/19/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VD NAME: CROSBY, DENISE STREET ADDRESS: 18800 NW 29TH AVE CITY-ST-ZIP: MIAMI FL 33056	<input type="checkbox"/> Delete	TITLE: PRESIDENT, SEC. TREASURER NAME: DENISE S. CROSBY STREET ADDRESS: 18800 NW 29 AVE CITY-ST-ZIP: MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: CROSBY, GAMAL STREET ADDRESS: 18800 NW 29TH AVE CITY-ST-ZIP: MIAMI FL 33056	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: GAMAL CROSBY STREET ADDRESS: 18800 NW 29 AVE CITY-ST-ZIP: MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise S. Crosby - DENISE S. CROSBY DATE: 2/19/04 DAYTIME PHONE #: 305-624-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR