

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012795

Entity Name: DIVINE PAINTING, INC.

FILED  
Apr 10, 2007  
Secretary of State

## Current Principal Place of Business:

18800 NW 29TH AVE  
MIAMI GARDENS, FL 33056

## New Principal Place of Business:

## Current Mailing Address:

18800 NW 29TH AVE  
MIAMI GARDENS, FL 33056

## New Mailing Address:

FEI Number: 65-0812305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CROSBY, DENISE S VPST  
18800 NW 29TH AVE  
MIAMI GARDENS, FL 33056 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPST ( ) Delete  
Name: CROSBY, SANNISE S VPST  
Address: 2280 E PRESERVE WAY APT 305  
City-St-Zip: MIRAMAR, FL 33025

Title: PST ( ) Delete  
Name: CROSBY, GAMAL PST D  
Address: 18800 NW 29TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DPST ( ) Delete  
Name: CROSBY, GAMAL DPST  
Address: 18800 NW 29TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DVPS (X) Delete  
Name: CROSBY, DENISE S VSPT  
Address: 18800 NW 29TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PST (X) Change ( ) Addition  
Name: CROSBY, GAMAL PST  
Address: 18800 NW 29TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VPST (X) Change ( ) Addition  
Name: CROSBY, DENISE S VPST  
Address: 18800 NW 29TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SANDRA CROSBY

VSP

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date