

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# N02000006079

Entity Name: GABRIEL'S ANGELS, INC.

Current Principal Place of Business:

1231 YAWL WAY
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 253
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 54-2067637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCSTRAVICK, DEBRA L
Address: 1231 YAWL WAY
City-St-Zip: VENICE, FL 34292

Title: VD () Delete
Name: BELZINCE, PIERRE FRANTZ
Address: 1231 YAWL WAY
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: HARPIN, ELIZABETH
Address: 1231 YAWL WAY
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L.MCSTRAVICK

P

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date