

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009931

FILED
May 31, 2005
Secretary of State

Entity Name: ANGEL BLESSINGS, INC.

Current Principal Place of Business:

3370 POINCIANA ST.
MIAMI, FL 33133

New Principal Place of Business:

3625 DOUGLAS ROAD
MIAMI, FL 33133

Current Mailing Address:

3370 POINCIANA ST.
MIAMI, FL 33133

New Mailing Address:

3625 DOUGLAS ROAD
MIAMI, FL 33133

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILL, MARLON A ESQ.
200 S. BISCAYNE BLVD.
SUITE 2680
MIAMI, FL 33131 US

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: D () Delete
Name: BROWN, DOUGLAS
Address: 3625 S. DOUGLAS ROAD
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: JOHNSON, YVONNE
Address: 3370 POINCIANA ST.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: JOHNSON, ALBERT
Address: 3370 POINCIANA ST.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BROWN, NIKI
Address: 3625 S. DOUGLAS ROAD
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change () Addition
Name: BROWN, JAMES
Address: 3625 S. DOUGLAS ROAD
City-St-Zip: MIAMI, FL 33133

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: DOUGLAS BROWN

D

05/31/2005

Electronic Signature of Signing Officer or Director

Date