

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

DOCUMENT# N06000000204

Entity Name: GROWING ANGELS INC.

**Current Principal Place of Business:**

13530 SW 267 ST.  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

13530 SW 267 ST.  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 41-2193480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALI, TINA  
13530 SW 267 ST.  
HOMESTEAD, FL 33032      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: P      ( ) Delete  
Name: ALI, TINA  
Address: 13530 SW 267 ST.  
City-St-Zip: HOMESTEAD, FL 33032

Title: VP      ( ) Delete  
Name: MR. VICKTA M ALI  
Address: 13530 SW 267 STREET  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: O      ( ) Delete  
Name: TISHA HOLMES  
Address: 14731 SW 298 TERRACE  
City-St-Zip: LIESURE CITY, FL 33033 US

Title: O      ( ) Delete  
Name: JOHNNIE RIDGEWAY  
Address: 25425 SW 129 PLACE  
City-St-Zip: PRINCTON, FL 33032 US

Title: O      ( ) Delete  
Name: RIDGEWAY, SUPREMA R  
Address: 26412 SW 134 COURT  
City-St-Zip: HOMESTEAD, FL 33032 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: O      (X) Change ( ) Addition  
Name: PASTOR STEVE CALDWELL  
Address: 8759 SW 215 TERRACE  
City-St-Zip: MIAMI, FL 33189 US

Title: O      (X) Change ( ) Addition  
Name: DR. DE LA CRUZ  
Address: 6520 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUPREMA RIDGEWAY

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10/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date