

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727481

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: THE ANGELS UNAWARE, INC.

## Current Principal Place of Business:

4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA, FL 336880040

## New Principal Place of Business:

## Current Mailing Address:

4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA, FL 336880040

## New Mailing Address:

FEI Number: 23-7346870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'BANION, ROSS H., JR.  
4918 W. LINEBAUGH AVENUE  
TAMPA, FL 33624 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: S ( ) Delete  
Name: HATFIELD, JOYCE  
Address: 12140 PILOT COUNTRY DRIVE  
City-St-Zip: SPRING HILL, FL 34610

Title: VP ( ) Delete  
Name: BUCHANAN, DOLAN  
Address: 206 W POWHATAN AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: TD ( ) Delete  
Name: MONFORT, EDWARD  
Address: 4410 NORTH B. ST.  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: TODD, ERNIE  
Address: 13712 COUNTRY COURT DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: TATUM, CONNIE  
Address: 3002 W PATTERSON  
City-St-Zip: TAMPA, FL 33614

Title: P ( ) Delete  
Name: ALBANO, ROBERT  
Address: 209 S. GUNLOCK  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: CANNIZZARO, MARIANNE  
Address: 1603 BURNING TREE LANE  
City-St-Zip: BRANDON, FL 33511

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

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 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: ROBERT ALBANO

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date