

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001083

Entity Name: SAFETY ANGELS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

11520 AUTUMN WOOD WAY
GLEN ALLEN, VA 23059 US

New Principal Place of Business:

Current Mailing Address:

11520 AUTUMN WOOD WAY
GLEN ALLEN, VA 23059 US

New Mailing Address:

FEI Number: 59-3455064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLMAN, ADELE
2006 GRANADA DRIVE
APT. J-1
COCONUT CREEK, FL 33066 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: D () Delete
Name: GOLDEN, SANDY PRES
Address: 836 S AMBER LANE
City-St-Zip: ANAHEIM HILLS, CA 92807

Title: D () Delete
Name: WOLMAN, ADELE SEC/TR
Address: 2006 GRANADA DRIVE APT J-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: AANDERUD, RICH V. PRES
Address: 3004 CHESTNUT ST
City-St-Zip: GRAND FORKS, ND 58201

Title: D () Delete
Name: FRINGS, GINNY W PRES
Address: 11520 AUTUMN WOOD WAY
City-St-Zip: GLEN ALLEN, VA 23059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDEN, SANDY CEO
Address: 836 S AMBER LANE
City-St-Zip: ANAHEIM HILLS, CA 92807

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: GINNY W. FRINGS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date