2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 727481

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:

O'BANION, ROSS H JR.
4918 W. LINEBAUGH AVENUE
TAMPA, FL 33624 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: ROSS H. O'BANION JR. 04/23/2008
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: V ( ) Delete
Name: ALBANO, ROBERT
Address: 209 S GUNLOCK
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete
Name: MONFORT, EDWARD
Address: 4601 W GRAY ST - APT A316
City-St-Zip: TAMPA, FL 33609

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

Title: D ( ) Delete
Name: BENNINGFIELD, MICHELLE
Address: 913 E HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: P ( ) Delete
Name: PAILTHORP, GARY
Address: 3315 LACEWOOD ROAD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MONFORT, EDWARD
Address: 115 S LOIS AVENUE - APT 126
City-St-Zip: TAMPA, FL 33609

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 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: GARY PAILTHORP P 04/23/2008
Electronic Signature of Signing Officer or Director — Date