2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2006 8:00 am Secretary of State 03-07-2006 90009 001 ***150.00

DOCUMENT # 174398 1. Entity Name ANGEL-OLSON INC)3-07-2006 9		. ***150.	.00
Principal Place of Business		Mailing Address			40000			
POST OFFICE BOX 366		POST OFFICE BOX 366						
1010 CITRUS AVE.		1010 CITRUS AVE. HAINES CITY, FL 33844			1			
HAINES CITY, FL 33844		TOURES GITT, IE 33044		1 (1411) (1411)	N ŘÍRÁCÍ (AND LEUELLOS			
2. Principal Place of Business		3. Mailing Address						
	t Office Box 366	PO Box 366		1 (2010) (101) 102	# BIGGS CHG BIE! (BU		010U 61BB 81B	H4 83 II ISSI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4. FEI Number				plied For
	s City, FL	Haines City		59-60727	93			t Applicable
Zip 33844	Country USA	Zip. 33844	Country USA	5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F			7. Name and Ad	Idress of New R			
			Name					
TUNNO, WCJR 1016 CHTRUS AVENUE 7 Spencer Shores			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
HAINES C	ITY, FL 33844						-	
			City			FL	Zip Code	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or reg	pistered agent, or both,	in the State of Fic	orida. I am f	amiliar with,	and accept
ino obligati	iono or rogiotorou agorn.							
SIGNATURE_	Signature, typed or printed name of registered agent a	nd ttile if epolicable. (NOTE: F	Registered Agent signature re-	outleed when reinstation).		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING

3-3.06

Daytime Phone #