2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# F04000002481

Entity Name: ANGELIC DREAMZ, INC.

Current Principal Place of Business:

12000 NE 8TH AVE
BISCAYNE PARK, FL 33161

New Principal Place of Business:

819 N.E. 125TH ST
NORTH MIAMI, FL 33161

Current Mailing Address:

901 ND 125TH ST, STE 101
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0510781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, TIMOTHY
12000 NE 8TH AVE
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

TIMOTHY, HOFFMAN
819 NE 125TH ST
NORTH MIAMI, FL 33161 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: TIMOTHY HOFFMAN 01/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CVCD ( ) Delete
Name: HOFFMAN, TIMOTHY
Address: 12000 NE 8TH AVE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: PVPS ( ) Delete
Name: HOFFMAN, TIMOTHY
Address: 12000 NE 8TH AVE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: T ( ) Delete
Name: HOFFMAN, TIMOTHY
Address: 12000 NE 8TH AVE
City-St-Zip: BISCAYNE PARK, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY HOFFMAN P 01/25/2005
Electronic Signature of Signing Officer or Director Date