2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X

FILED Mar 16, 2007 08:00 A DOCUMENT # G69949 **Secretary of State** 1. Enlity Name ANGÉL THOUGHTS, INC. Principal Place of Business Mailing Address 2108 NE 63RD CT 2108 NE 63RD CT FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 US CR2E034 (11/05) No Cha-P 03062007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2345664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAWFORD, WILLIAM G., JR. DO NOT WRITE 315 SE 7TH ST #303 FT LAUDERDALE, FL 33301 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DST CRAWFORD, WILLIAM G, JR NAME 315 SE 7TH ST #303 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL TITLE DV CRAWFORD, JAMES C. MALE 000000669240 03/27/07-80065-001 150.00 STREET ADDRESS 2108 NE 63RD CT CITY-ST-ZIP FT LAUDERDALE, FL 33308 TITLE CRAWFORD, DOROTHY C NAME STREET ADDRESS 2108 NE 63RD CT DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33308 IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7P TITE F NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

NG OFFICER OR DIRECTOR

C. Crawford

Dayuma Phone #