2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 08:00 A Secretary of State **DOCUMENT # G69949** 1. Entity Name ANGEL 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 02212008 No Chg-P CR2E034 (11/05) 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 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE HOGOGIRAARUS \$5.00 May Be 03/13/08-80008-006 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CRAWFORD, WILLIAM G, JR STREET ADDRESS 315 SE 7TH ST #303 CITY-ST-ZIP FT LAUDERDALE, FL TITLE NAME CRAWFORD, JAMES C. STREET ADDRESS 2108 NE 63RD CT CETY-ST-ZIP FT LAUDERDALE, FL 33308 CRAWFORD, DOROTHY C NAME 2108 NE 63RD CT STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33308 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 rustee 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 inhadders with all other like empowered.

SIGNATURE:>

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy C. Crawford