2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000016188

1. Entity Name
ANGEL'S X, LLC

Principal Place of Business	Mailing Address
2010 - 2012 S. ATLANTIC AVE.	114 MARIE DRIVE
DAYTONA BEACH SHORES, FL 32118 US	PONCE INLET, FL 32127 US

DO NOT WRITE IN THIS SPACE
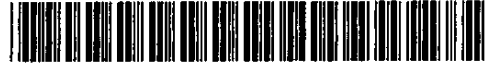
04142007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3696964	Not Applicable

5. Certificate of Status Desired   ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, JODI L
114 MARIE DRIVE
PONCE INLET, FL 32127

**DO NOT WRITE
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. I am 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

**Filing Fee is $50.00
Due by May 1, 2007**

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	TOMLINSON, JODI L	
STREET ADDRESS	114 MARIE DRIVE	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		
NAME		
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04/27/07-80075-024 55.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jodi Tomlinson_ JODI TOMLINSON 04-14-07 386 566-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #