## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000007599

Entity Name: ANGEL AID, LLC

**FILED** Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

375 DOUGLAS AVE 375 DOUGLAS AVE

**SUITE 1008 SUITE 1008** 

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:** New Mailing Address:

375 DOUGLAS AVE 375 DOUGLAS AVE

**SUITE 1008 SUITE 1008** 

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-2625437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEIK, STEPHEN W 375 DOUGLAS AVE **SUITE 1008** ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title:

( ) Delete (X) Change ( ) Addition ANGEL CHRISTIAN TV T, RUST, INC ANGEL CHRISTIAN TV T, RUST, INC Name: Name: Address: 375 DOUGLAS AVE., SUITE 1008 Address: 375 DOUGLAS AVE., SUITE 1008 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN W. BEIK 04/12/2007