


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90177 001 *****5.00
05-04-2006 90177 002 *****50.00

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| DOCUMENT # L05000093584 | |  |
| 1. Entity Name A TOUCH OF SUGAR BY ANGELIC LLC | | |

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| Principal Place of Business 6119 ARLINGTON WAY FORT PIERCE, FL 34951 | Mailing Address 6119 ARLINGTON WAY FORT PIERCE, FL 34951 |
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| 2. Principal Place of Business 5107 Sunshine St. Keedee Rd. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Fort Pierce FL | City & State |
| Zip 34951 | Country |



04302006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 38 3727305 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| OROZCO, MARIA I 6119 ARLINGTON WAY FORT PIERCE, FL 34951 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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| 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 Maria I Orozco <small>Signature, typed or printed name of registered agent and fee if applicable.</small> | DATE 4/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONCEPCION, MARCELINA <input checked="" type="checkbox"/> Delete 6119 ARLINGTON WAY FORT PIERCE, FL 34951 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLEITES, JUAN M <input type="checkbox"/> Delete 6119 ARLINGTON WAT FORT PIERCE, FL 34951 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OROZCO, MARIA I <input type="checkbox"/> Delete 6119 ARLINGTON WAY FORT PIERCE, FL 34951 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: Maria I Orozco <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE 4/30/06 <small>Date</small> | DAYTIME PHONE 772-400-9198 <small>Daytime Phone #</small> |
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