

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M20738

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: ANGEL'S DECORATOR SERVICE, INC.

**Current Principal Place of Business:**

221 OAKWOOD DRIVE  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

464 BALSAM DRIVE  
WAYNESVILLE, NC 28786 US

**New Mailing Address:**

FEI Number: 59-2596024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGEL, ROBIN  
221 OAKWOOD DRIVE  
WEST MELBOURNE, FL 32904 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANGEL, ROBIN,  
Address: 221 OAKWOOD DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: S ( ) Delete  
Name: ANGEL, LINDA,  
Address: 464 BALSAM DRIVE  
City-St-Zip: WAYNESVILLE, NC 28786

Title: V ( ) Delete  
Name: GARY SCOTT ANGEL,  
Address: 4035 GRANDE VISTA BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: O ( ) Delete  
Name: DANIEL ALVAREZ,  
Address: 76 EAST STREET  
City-St-Zip: WAYNESVILLE, NC 28786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GARY SCOTT ANGEL,  
Address: 216 MORNING DRIVE  
City-St-Zip: WAYNESVILLE, NC 28786

Title: O (X) Change ( ) Addition  
Name: JOSE DANIEL ALVAREZ,  
Address: 420 KILLIAN STREET APT. # 6  
City-St-Zip: WAYNESVILLE, NC 28786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ANGEL

P

02/18/2008

Electronic Signature of Signing Officer or Director

Date