2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N00000001696

Entity Name: CB'S ANGELS, INC.

Current Principal Place of Business:

750 VENETIAN WAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

180 SAN LUIS ST.SW
PALM BAY, FL 32908

New Mailing Address:

FEI Number: 59-3632488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNAS, MICHAEL
750 VENETIAN WAY
MERRITT ISLAND, FL 32953 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

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	LEMKE, GEORGE J	
Address:	326 BUZY ST.S.E	
City-St-Zip:	PALM BAY, FL 32909	
Title:	PD	( ) Delete
Name:	PACKARD, JANET F	
Address:	6 EMERALD ST	
City-St-Zip:	W MELBOURNE, FL 32904	
Title:	SD	( ) Delete
Name:	DUNAJ, MICHAEL	
Address:	750 VENETIAN WAY	
City-St-Zip:	MERRIT ISLAND, FL 32953	
Title:	TD	( ) Delete
Name:	GIBBS, WALTER	
Address:	180 SAN LUIS ST.SWT	
City-St-Zip:	PALM BAYE, FL 32908	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	GIBBS, WALTER	
Address:	180 SAN LUIS ST.SWT	
City-St-Zip:	PALM BAY, FL 32908	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER GIBBS TD 01/08/2004

Electronic Signature of Signing Officer or Director — Date