

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001696

FILED
Jan 09, 2007
Secretary of State

Entity Name: CB'S ANGELS, INC.

Current Principal Place of Business:

180 SAN LUIS ST. SW
PALM BAY, FL 32908

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:

GIBBS, WALTER
180 SAN LUIS ST. SW
PALM BAY, FL 32908 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: VPD () Delete
Name: GRAY, KRIS
Address: 6450 BABCOCK ST SUITE 39
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: GIBBS, WALTER
Address: 180 SAN LUIS ST. SW
City-St-Zip: PALM BAY, FL 32908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LEMKE, GEORGE J
Address: 617 THURINGER ST NW
City-St-Zip: PALM BAY, FL 32907

Title: VPD (X) Change () Addition
Name: LEE, ALAN
Address: 910 HALLOWAY TR
City-St-Zip: MALABAR, FL 32950

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

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

Title: SD () Change (X) Addition
Name: TWIGG, GINGER
Address: 4630 SMITHFIELD
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER GIBBS

PTD

01/09/2007

Electronic Signature of Signing Officer or Director

Date