

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003501

FILED
May 31, 2007
Secretary of State

Entity Name: UNIVERSAL ANGEL FOUNDATION, INC.

Current Principal Place of Business:

686 17TH STREET, #6
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

686 17TH STREET, #6
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-3659821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLS, VIKKI L
686 17TH STREET, #6
VERO BEACH, FL 32960 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, VIKKI L
Address: 686 17TH STREET, #6
City-St-Zip: VERO BEACH, FL 32960

Title: ST () Delete
Name: RICHARDSON, TAMMY
Address: 1920 32ND AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: B () Delete
Name: CACIOPPO, DIANE
Address: 338 13TH PLACE SW
City-St-Zip: VERO BEACH, FL 32960

Title: B () Delete
Name: BLANCHARD, L. CHERIE
Address: 756 WEST AVENUE
City-St-Zip: CLERMONT, FL 32711

Title: B () Delete
Name: FOTHERGILL, CINDY
Address: P.O. BOX 1567
City-St-Zip: VERO BEACH, FL 32961

Title: B () Delete
Name: RAUSCH, PATRICIA L
Address: 1185 38TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIKKI L. WELLS

P

05/31/2007

Electronic Signature of Signing Officer or Director

_____ Date