

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2004  
Secretary of State**

DOCUMENT# N02000002055

Entity Name: ANGELS AMOUNG US, INC.

**Current Principal Place of Business:**

3924 GLENOAK DR N  
LAKELAND, FL 338102412

**New Principal Place of Business:**

3924 GLENOAK DR N  
LAKELAND, FL 338102412 US

**Current Mailing Address:**

3924 GLENOAK DR N  
LAKELAND, FL 338102412

**New Mailing Address:**

3924 GLENOAK DR N  
LAKELAND, FL 338102412 US

FEI Number: 43-1953792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761      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: D      ( ) Delete  
Name: BROOME, MARGARET L  
Address: 3924 GLENOAK DR N  
City-St-Zip: LAKELAND, FL 338102412

Title: DP      ( ) Delete  
Name: BROOME, JAMES F  
Address: 3924 GLENOAK DR N  
City-St-Zip: LAKELAND, FL 338102412

Title: D      ( ) Delete  
Name: MCGUIRE, PATRICIA  
Address: 6 HEATHER ST  
City-St-Zip: LAKELAND, FL 33815

Title: D      ( ) Delete  
Name: BURKHAMER, EDWARD L  
Address: 3924 GLENOAK DR N  
City-St-Zip: LAKELAND, FL 338102412

Title: D      ( ) Delete  
Name: CHAPMAN, KENNETH  
Address: 3905 GLENOAK DR N  
City-St-Zip: LAKELAND, FL 338102412

Title: D      ( ) Delete  
Name: CHAPMAN, DENINA  
Address: 3905 GLENOAK DR N  
City-St-Zip: LAKELAND, FL 338102412

**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 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: MARGARET L BROOME

D

04/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date