


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**  
04-30-2004 90328 030 \*\*\*\*70.00

<b>DOCUMENT # N02000004118</b>	
<b>1. Entity Name</b> ANGELFORCE, INC.	

<b>Principal Place of Business</b> 9245 SPOTTSWOOD ROAD EAST JACKSONVILLE FL 32208	<b>Mailing Address</b> PO BOX 77377 JACKSONVILLE FL 32226
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<b>2. Principal Place of Business</b> 112 Lane Avenue South Suite, Apt. #, etc. Suite #2 City & State Jacksonville, Florida Zip 32254 Country USA	<b>3. Mailing Address</b> P.O. Box 77377 Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32226 Country USA
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MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 36-4498070	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> MURRAY, LORRAINE M 9245 SPOTTSWOOD ROAD EAST JACKSONVILLE FL 32208
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PTD <b>NAME</b> MURRAY, LORRAINE <b>STREET ADDRESS</b> 9245 SPOTTSWOOD RD. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	<b>TITLE</b> ST <b>NAME</b> Lorraine Mathis <b>STREET ADDRESS</b> 1156 Jennings St. <b>CITY-ST-ZIP</b> Jacksonville FL 3220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VT <b>NAME</b> FAULK, CONSTANCE <b>STREET ADDRESS</b> 3968 HUNTERS LAKE CIR. WEST <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> WARD, VERONICA R <b>STREET ADDRESS</b> 8930 SABBALD RD. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Murray to Unay* **04/27/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone # 891-8336**