


**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004118</b>			
1. Entity Name <b>ANGELFORCE, INC.</b>			
Principal Place of Business <b>112 LANE AVENUE SOUTH, STE #2 JACKSONVILLE, FL 32254</b>		Mailing Address <b>PO BOX 77377 JACKSONVILLE, FL 32226</b>	
<div>DO NOT WRITE IN THIS SPACE</div>			
		<div>07052006 No Chg-NP CR2E037 (4/06)</div> <div>4. FEI Number <b>36-4498070</b></div> <div>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></div> <div>Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent <b>MURRAY, LORRAINE M 9245 SPOTTSWOOD ROAD EAST JACKSONVILLE, FL 32208</b>		<div>DO NOT WRITE IN THIS SPACE</div>	
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>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MURRAY, LORRAINE 9245 SPOTTSWOOD RD. JACKSONVILLE, FL 32208	<div>U00000568566 07/07/06-80014-011 70.00</div> <div>DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FAULK, CONSTANCE 3968 HUNTERS LAKE CIR. WEST JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WARD, VERONICA R 8930 SABBALD RD. JACKSONVILLE, FL 32208		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MATHIS, LORRAINE 1156 JENNINGS ST. JACKSONVILLE, FL 32204		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Lorraine M. Murray President</b>		<b>07-05-06 904-821-8336</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	