2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N02000004118

Entity Name: ANGELFORCE, INC.

Current Principal Place of Business:

112 LANE AVENUE SOUTH, STE #2
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

PO BOX 77377
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 36-4498070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MURRAY, LORRAINE M
9245 SPOTTSWOOD ROAD EAST
JACKSONVILLE, FL 32208 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: PTD ( ) Delete
Name: MURRAY, LORRAINE
Address: 9245 SPOTTSWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VT ( ) Delete
Name: FAULK, CONSTANCE
Address: 3968 HUNTERS LAKE CIR. WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: WARD, VERONICA R
Address: 8930 SABBALD RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST ( ) Delete
Name: MATHIS, LORRAINE
Address: 1156 JENNINGS ST.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WILLIAMS, LORRAINE S PRES
Address: 9245 SPOTTSWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32208

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: LORRAINE STEWART WILLIAMS PRES 09/04/2007

Electronic Signature of Signing Officer or Director — Date