

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004440

FILED
Mar 07, 2006
Secretary of State

Entity Name: ANGELS TO LOVE ADOPTION & HOME STUDY AGENCY, INC.

Current Principal Place of Business:

1936 HOWELL BRANCH RD.
WINTER PARK, FL 32792

New Principal Place of Business:

1001 BUTLER CREEK CT.
OVIEDO, FL 32765

Current Mailing Address:

1001 BUTLER CREEK CT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 04-3681631 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUZAN, MARGARET S LCSW
1001 BUTLER CREEK CT
OVIEDO, FL 32765 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: POT () Delete
Name: BUZAN, M S LCSW
Address: 1001 BUTLER CREEK CT
City-St-Zip: OVIEDO, FL 32765

Title: TDCS () Delete
Name: BUZAN, MARGARET S LCSW
Address: 1936 HOWELL BRANCH RD
City-St-Zip: WINTER PARK, FL 32792

Title: S () Delete
Name: LLAMIDO, JUANA B
Address: 1936 HOWELL BRANCH RD
City-St-Zip: WINTER PARK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BUZAN, M S LCSW
Address: 1001 BUTLER CREEK CT
City-St-Zip: OVIEDO, FL 32765

Title: DSS (X) Change () Addition
Name: BUZAN, MARGARET S LCSW
Address: 1001 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change () Addition
Name: LLAMIDO, JUANA B
Address: 1001 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: CFO () Change (X) Addition
Name: MOLLICA, MICHAEL
Address: 1001 BUTLER CREEK CT
City-St-Zip: OVIEDO, FL 32765

Title: DOM () Change (X) Addition
Name: BUZAN, DAVID K
Address: 1001 BUTLER CREEK CT.
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET S. BUZAN, LCSW,DCSW

CEO

03/07/2006

Electronic Signature of Signing Officer or Director

Date