2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N02000004440

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

Current Principal Place of Business:

1001 BUTLER CREEK CT.
OVIEDO, FL 32765

New Principal Place of Business:

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

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

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

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

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

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: DOA (X) Change ( ) Addition
Name: MARGUERITTA, KNAPP
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 CEO 04/18/2007

Electronic Signature of Signing Officer or Director — Date