

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000868

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE ANGLZZ GROUP, INC.

Current Principal Place of Business:

3081 PALM PLACE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

3081 PALM PLACE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-3767675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORASMIN, DEVAIS D
3081 PALM PLACE
MARGATE, FL 33063 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: D () Delete
Name: DUVENNE, JUDITH
Address: 3081 PALM PLACE
City-St-Zip: MARGATE, FL 33063

Title: V () Delete
Name: CORASMIN, DEVAIS D
Address: 1188 N STATE ROAD 7 #307
City-St-Zip: LAUDERHILL, FL 33313

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: CORASMIN, DEVAIS D
Address: 3081 PALM PL
City-St-Zip: MARGATE, FL 33063

Title: D () Change (X) Addition
Name: DUVERNE, JUDITH
Address: 3081 PALM PL
City-St-Zip: MARGATE, FL 33063

Title: V () Change (X) Addition
Name: CORASMIN, DEVAIS D
Address: 3081 PALM PL
City-St-Zip: MARGATE, FL 33063

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: DEVAISCORASMIN

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date