2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# N03000000868

Entity Name: THE ANGLZZ GROUP, INC.

Current Principal Place of Business:

2700 W ATLANTIC BLVD STE 259
POMPANO BEACH, FL 33069

New Principal Place of Business:

2700 W ATLANTIC BLVD STE 256
POMPANO BEACH, FL 33069

Current Mailing Address:

P O BOX 668696
POMPANO BEACH, FL 33069

New Mailing Address:

2700 W ATLANTIC BLVD STE 256
POMPANO BEACH, FL 33069

FEI Number: 59-3767675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DUVERNE, JUDITH
3020 HAMBLIN WAY
WEST PALM BEACH, FL 33414 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: JUDITHDUVERNE
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: V ( ) Delete
Name: CORASMIN, DEVAIS D
Address: 3081 PALM PL
City-St-Zip: MARGATE, FL 33063

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

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

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: ( ) 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: JUDITHDUVERNE D 07/22/2008
Electronic Signature of Signing Officer or Director — Date