


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/23/2004-90001-007-\$61.25-\$61.25

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| DOCUMENT # N03000001995 | |  |
| 1. Entity Name PARENT/ANGEL NETWORK, INC. | | |

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| Principal Place of Business 11410 LINCOLN BLVD MIAMI, FL 33176 | Mailing Address 11410 LINCOLN BLVD MIAMI, FL 33176 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
04 OCT 12 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022004 Chg-NP CR2E037 (10/03)

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|---|--|--|--|
| 4. Filing Number APPLIED FOR | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent FAIRWEATHER, NATASHA 11410 LINCOLN BLVD MIAMI, FL 33176 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  NATASHA L. FAIRWEATHER (PRESIDENT) 9/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FAIRWEATHER, NATASHA L 22316 SW 99 PLANCE MIAMI, FL 33190 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV EDWARDS, MONIQUE 26442 SW 122 COURT MIAMI, FL 33032 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CHERRY, TANYA 9790 SW 158 STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CULMER, KEISHA 21346 SW 112 AVE #201 MIAMI, FL 33189 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CULMER, KEISHA 21346 SW 112 AVE #201 MIAMI, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Title) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CULMER, DIANE 11410 LINCOLN BLVD MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  NATASHA L. FAIRWEATHER 9/10/04 786-399-3690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #