2007 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT

DOCUMENT # N0300005595 1. Entity Name ANGELS FOR KIDS FOUNDATION, INC.



FILED Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

7020 HIGH GROVE BLVD. BURR RIDGE, IL 60527 Mailing Address

7020 HIGH GROVE BLVD. BURR RIDGE, IL 60527



DO NOT WRITE IN THIS SPACE

03262007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLECEK, MARK S 7575 DR PHILLIPS BLVD SUITE 220 ORLANDO, FL 32819

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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.					
$\mathcal{M}_{\mathcal{L}}$ is the first of					
SIGNATURE Signature, Uped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
.1	Filing Fee is \$61.25	9. Election Campaign Finance		\$5.00 May Be	-
man proper of the territory	Due by May 1, 2007	Trust Fund Contribution.	□	Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PD ·			•	
NAME	HOLECEK, JANET L				U00000692028
STREET ADDRESS	7020 HIGH GROVE BLVD.				04/13/07-80035-009 61.25
CITY-ST-ZIP	BURR RIDGE, IL 60527				04/13/01.00032.002.01.52
ΠΤLE	TD				
NAMÉ	HOLECEK, MICHAEL J				
STREET ADDRESS	7020 HIGH GROVE BLVD.				•
CITY-ST-ZIP	BURR RIDGE, IL 60527				
TITLE	SD				
NAME	HOLECEK, KEITH D				
STREET ADDRESS	7020 HIGH GROVE BLVD.			50	NOT WOITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					