

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008998

FILED
May 01, 2006
Secretary of State

Entity Name: ANGEL RANCH INC.

Current Principal Place of Business:

9515 HILLTOP DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9515 HILLTOP DR.
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 01-0800192 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:

Name and Address of New Registered Agent:

ANDERSON, ARTHUR H
4904 SOUTH SHORE DR.
NEW PORT RICHEY, FL 34652 US

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: DP () Delete
Name: ANDERSON, DOROTHEA A
Address: 9515 HILL TOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DVPS () Delete
Name: ELLIS, JANE M
Address: 8411 HUNTING SADDLE DR.
City-St-Zip: BAYONET PT., FL 34667

Title: DVP () Delete
Name: MERLIER, CYNTHIA
Address: 7733 DALE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: ANDERSON, ARTHUR H
Address: 9515 HILL TOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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:

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: DOROTHEA A. ANDERSON

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date