

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 03, 2008  
Secretary of State**

DOCUMENT# N03000008998

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 ( )

**Name and Address of Current Registered Agent:**

ANDERSON, ARTHUR H  
9515 HILLTOP DR  
NEW PORT RICHEY, FL 34654      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: 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: MERCIER, 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 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: ARTHUR H ANDERSON

T

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date