FILED
Aug 30, 2005 8:00 am
Secretary of State
08-30-2005 90028 010 ****83.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010363

1. Entity Name
ANGELS IN CARE, INC.

50063939

Principal Place of Business	Mailing Address
36721 AUDREY RD DADE CITY, FL 33523	36721 AUDREY RD DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE

08242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-2022253

Applied For
Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINERO, ZOELENA
36721 AUDREY RD
DADE CITY, FL 33523

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when changing

Filing Fee is $61.25
Due by September 7, 2005

8. Election Campaign Financing Trust Fund Contribution [X] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	PINERO, ZOELENA
STREET ADDRESS	36721 AUDRY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	VD
NAME	PINERO, DAVID
STREET ADDRESS	36721 AUDREY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	DS
NAME	CAMPBELL, JAMES
STREET ADDRESS	7935 RINCH RD
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	TD
NAME	GILLIAM, LE NEVE
STREET ADDRESS	14240 N. 42ND ST., #4104
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Zoelena Pinero 8/24/05 813-782-2122
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #