2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N03000010715

Entity Name: SKY ANGEL FOUNDATION, INC.

Current Principal Place of Business:

3050 HORSESHOE DRIVE NORTH
SUITE 290
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3050 HORSESHOE DRIVE NORTH
SUITE 290
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-0475381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, ROB
3050 HORSESHOE DRIVE NORTH
SUITE 290
NAPLES, FL 34104 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: DCEO ( ) Delete
Name: JOHNSON, ROB
Address: 3050 HORSESHOE DRIVE NORTH, SUITE 290
City-St-Zip: NAPLES, FL 34104

Title: DS ( ) Delete
Name: JOHNSON, JEANINE
Address: 3050 HORSESHOE DRIVE NORTH, SUITE 290
City-St-Zip: NAPLES, FL 34104

Title: DVP (X) Delete
Name: JOHNSON, KATHLEEN L
Address: 3050 HORSESHOE DRIVE NORTH, SUITE 290
City-St-Zip: NAPLES, FL 34104

Title: DAS (X) Delete
Name: CHRISTOPHER, NANCY B
Address: 3050 HORSESHOE DRIVE NORTH, SUITE 290
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: JOHNSON, JEANINE
Address: 050 HORSESHOE DRIVE NORTH, SUITE 290
City-St-Zip: NAPLES, FL 34104

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: ROB JOHNSON CEO 03/21/2007

Electronic Signature of Signing Officer or Director — Date