

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005229

FILED
Jan 11, 2006
Secretary of State

Entity Name: ANGEL'S FACES INC.

Current Principal Place of Business:

101 POLO PARK BLVD SUITE 2
DAVENPORT, FL 33897

New Principal Place of Business:

2143 MORNING STAR DR
CLERMONT, FL 34714

Current Mailing Address:

2143 MORNING STAR DR
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 20-1182188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIERREZ, CRISTINA I
2143 MORNING STAR DR
CLERMONT, FL 34714 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: D () Delete
Name: GUTIERREZ, CRISTINA I
Address: 2143 MORNING STAR DR
City-St-Zip: CLEMONT, FL 34714

Title: D () Delete
Name: GUTIERREZ, OFELIA P
Address: 2143 MORNING STAR DR
City-St-Zip: CLEMONT, FL 34714

Title: D () Delete
Name: WALPEN, DAVID
Address: 2001 ONECCO CT
City-St-Zip: CLERMONT, FL 34714

Title: T () Delete
Name: WALPEN, ANALIA
Address: 2001 ONECCO CT
City-St-Zip: CLERMONT, FL 34714

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: CRISTINA I GUTIERREZ

D

01/11/2006

Electronic Signature of Signing Officer or Director

Date