


FILED
Apr 11, 2007 8:00 am
Secretary of State

4000000000

DOCUMENT # N04000008786						Secretary of State 04-11-2007 90034 019 ****61.25	
1. Entity Name HOLY ANGELS INC.							
Principal Place of Business 1202 KENLAKE RD SPRINGHILL, FL 34606				Mailing Address POB 3866 SPRING HILL, FL 34611-3683			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent OSBORNE, KATHLEEN 468 WATERFALL DR SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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 <u>Kathleen Osborne</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				4/8/07 <small>DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, KATHLEEN 468 WATERFALL DR SPRING HILL, FL 34608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METZ, DONALD 2210 PEBBLE BCH DR SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSBORNE, KATHLEEN 468 WATERFALL DR SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D JANET C BROWN 6621 NAUTICAL ISLE. HUDSON FL 34667		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAULT, ELIZABETH 3375 BLUEFISH DR HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD EDWARD D LEITSCHE 15389 BROCK RIDGE BLVD. BROOKSVILLE, FL 34613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAVERNE, CAROLYN 18321 ROGER LAND RD SPRING HILL, FL 34610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAULT, ELIZABETH 3375 BLUE FISH DR SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D AMITA HAMM 8044 SERENE ST WEEKI WACHEE FL 34613		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kathleen Osborne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/9/07 352-688-1309 <small>Date Daytime Phone #</small>			