


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90034 044 ****61.25

DOCUMENT # N04000008786		
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
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60024781



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

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1634787		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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 MCCARTHY, PAUL Street Address (P.O. Box Number is Not Acceptable) 10182 SUNBURST COURT City SPRINGHILL FL Zip Code 34608

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: Paul B. McCarthy Paul B. McCarthy 4/13/2008
Signature, typed or printed name of registered agent and title if applicable. (If registered agent signature required when reinstating, DATE)

Filing Fee is \$61.25 Due by May 1, 2008	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
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, PAUL 10182 SUNBURST COURT SPRINGHILL FL 34608 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALLO, JOSEPH 6103 APPLE GATE DR. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANET C 6621 NAUTICAL ISLE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANET C 18321 ROGER LAND RD. SPRING HILL, FL 34610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEITSCH, EDWARD D 15389 BROCKRIDGE BLVD BROOKSVILLE, FL 34613 <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 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	D HAMM, ANITA 8044 SERENE ST WEEKI WACHEE, FL 34613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITSCH, CAROL C 15389 BROCKRIDGE BLVD. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward D Leitsch Edward D LEITSCH 4/13/08 (352) 596-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #