

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000337

FILED  
Jun 15, 2006  
Secretary of State

Entity Name: ST. MICHAEL'S ARCHANGELS, INC.

## Current Principal Place of Business:

780 FISHERMAN STREET  
2ND FLOOR  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

780 FISHERMAN STREET  
2ND FLOOR  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

INNOVATIVE MANAGEMENT COMPANY, INC.  
780 FISHERMAN STREET  
2ND FLOOR  
OPA LOCKA, FL 33054 US

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: PD ( ) Delete  
Name: FREEMAN, MICHAEL  
Address: 780 FISHERMAN STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: VD ( ) Delete  
Name: STUART, NELSON  
Address: 780 FISHERMAN STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete  
Name: VARIETY, LEE  
Address: 780 FISHERMAN STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: TD ( ) Delete  
Name: STUART, NELSON  
Address: 780 FISHERMAN STREET  
City-St-Zip: OPA LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, GWEN  
Address: 780 FISHERMAN STREET  
City-St-Zip: OPA LOCKA, FL 33054

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: NS

TD

06/15/2006

Electronic Signature of Signing Officer or Director

Date