## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002666

Title:

Name:

Address:

City-St-Zip:

Entity Names LITTLE ANGELS OF LOVE IN

FILED Jul 09, 2006 Secretary of State

Entity Name: LITTLE ANGELS OF LOVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3500 SW 174TH WAY MIRAMAR, FL 33029 **Current Mailing Address: New Mailing Address:** 3500 SW 174TH WAY MIRAMAR, FL 33029 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) 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: RIDORE, YOLETTE 3500 SW 174TH WAY MIRAMAR, FL 33029 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RIDORE, YOLETTE Name: Name: Address: 3500 SW 174TH WAY Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, BELINDA Name: Address: 3139 NW 45 STREET Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: () Change () Addition CHARLES, GEORGES Name: Name: 6809 FLAGSTONE DR. Address: Address: City-St-Zip: OOLTEWAH, TN 37363 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ANTOINE, MYRIAME Name: 2203 YANKEE PL APT. 433 Address: Address: City-St-Zip: ORLANDO, FL 32839 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: YOLETTE RIDORE P 07/09/2006

() Delete

792 MONTGOMERY AVE. NE

CADET, SAMANTHA

CLEVELAND, TN 37311

() Change () Addition