

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005869

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ANGELS CARING EYES, INC.

## Current Principal Place of Business:

4502 35TH STREET  
SUITE 600  
ORLANDO, FL 32811

## New Principal Place of Business:

6700 KINGS POINTE PARKWAY  
ORLANDO, FL 32819

## Current Mailing Address:

4502 35TH STREET  
SUITE 600  
ORLANDO, FL 32811

## New Mailing Address:

4364 S. KIRKMAN ROAD  
APT # 302  
ORLANDO, FL 32811

FEI Number: 20-2962302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTRADE, DANIEL  
4320 S. KIRKMAN RD  
#1508  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

ESTRADE, DANIEL  
4364 S. KIRKMAN RD  
APT # 302  
ORLANDO, FL 32811 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: DANIEL ESTRADA

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESTRADA, DANIEL  
Address: 4320 S. KIRKMAN RD - #1508  
City-St-Zip: ORLANDO, FL 32811

Title: T (X) Delete  
Name: ROOT, JOHN  
Address: 805 W 2ND AVE  
City-St-Zip: WINDERMERE, FL 34786

Title: PO ( ) Delete  
Name: CLATTENBURG, ALEX  
Address: 310 RAVEN ROCK LN.  
City-St-Zip: LONGWOOD, FL 32750

Title: O (X) Delete  
Name: SPERTI, ROBERT F  
Address: 1179 NEWBERG CT.  
City-St-Zip: SANFORD, FL 32771

Title: O (X) Delete  
Name: TROCHE, SAM  
Address: 3300 SE 34TH CT.  
City-St-Zip: OCALA, FL 34471

Title: O (X) Delete  
Name: GRUNDELINGH, JUAN L  
Address: 5569 TIMES SQUARE AVE #104  
City-St-Zip: ORLANDO, FL 32811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESTRADA, DANIEL  
Address: 4364 S. KIRKMAN RD - # 302  
City-St-Zip: ORLANDO, FL 32811

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:

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: DANIEL ESTRADA

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date