2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000005869

Entity Name: ANGELS CARING EYES, INC.

Current Principal Place of Business:

491 W. SILVER STAR ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 618172
APT # 1401
ORLANDO, FL 32861

New Mailing Address:

P.O.BOX 247
OCOEE, FL 34761

FEI Number: 20-2962302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL, SASSO C
1031 W. MORSE BLVD., SUITE 260
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: PANTANO, CHRIS
Address: 1255 BLACKWATER POND DR.
City-St-Zip: ORLANDO, FL 32828

Title: VPD ( ) Delete
Name: ROTH, SHAWN
Address: 635 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: DUBUC, DONNA
Address: 111 NORTH ORANGE AVE., SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete
Name: COOPER, MELISSA
Address: 8806 ELLIOTT'S COURT
City-St-Zip: ORLANDO, FL 32836

Title: DIRE (X) Delete
Name: COLON, KEVIN
Address: 8013 COOL BREEZE DRIVE # 109
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ESTRADA, DANIEL
Address: 6224 RALEIGH STREET # 811
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition
Name: COLON, KEVIN
Address: 8013 COOL BREEZE DRIVE # 109
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SUCKOW, ROGER
Address: 2213 WHISTLERS PARK # 3
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date