2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N05000009000

Entity Name: HIDDEN ANGEL FOUNDATION INC.

Current Principal Place of Business:

16880 S.W. 7TH STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822886
SOUTH FLORIDA P & DC
PEMBROKE PINES, FL 330822886

New Mailing Address:

FEI Number: 51-0559532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	D	( ) Delete
Name:	FORNES, SANDRA	
Address:	P.O. BOX 822886, SOUTH FLORIDA P&DC	
City-St-Zip:	PEMBROKE PINES, FL 330822886 US	
Title:	D	( ) Delete
Name:	KIRCHNER, WARREN B	
Address:	16880 S.W. 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33027 US	
Title:	D	(X) Delete
Name:	FORNES, LISA	
Address:	16880 S.W. 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33027 US	
Title:	D	( ) Delete
Name:	PIERCE, BRAD	
Address:	1000, 400 -3RD AVENUE S.W.	
City-St-Zip:	CALGARY,, AB T2P4H2 CA	
Title:	D	( ) Delete
Name:	GALLOWAY, BRIAN	
Address:	300- 1200 WEST 12 AVENUE	
City-St-Zip:	VANCOUVER, BC CA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SANDRA L FORNES PRES 02/05/2008

Electronic Signature of Signing Officer or Director — Date