

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2009
Secretary of State

DOCUMENT# N06000000204

Entity Name: GROWING ANGELS INC.

Current Principal Place of Business:13530 SW 267 ST.
HOMESTEAD, FL 33032**New Principal Place of Business:****Current Mailing Address:**13530 SW 267 ST.
HOMESTEAD, FL 33032**New Mailing Address:**

FEI Number: 41-2193480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ALI, TINA
13530 SW 267 ST.
HOMESTEAD, FL 33032 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: P () Delete
Name: ALI, TINA
Address: 13530 SW 267 ST.
City-St-Zip: HOMESTEAD, FL 33032Title: VP () Delete
Name: MR. VICKTA M ALI
Address: 13530 SW 267 STREET
City-St-Zip: HOMESTEAD, FL 33032 USTitle: O () Delete
Name: TISHA HOLMES
Address: 14731 SW 298 TERRACE
City-St-Zip: LIESURE CITY, FL 33033 USTitle: O () Delete
Name: JOHNNIE RIDGEWAY
Address: 25425 SW 129 PLACE
City-St-Zip: PRINCTON, FL 33032 USTitle: O () Delete
Name: RIDGEWAY, SUPREMA R
Address: 26412 SW 134 COURT
City-St-Zip: HOMESTEAD, FL 33032 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: O (X) Change () Addition
Name: PASTOR STEVE CALDWELL
Address: 8759 SW 215 TERRACE
City-St-Zip: MIAMI, FL 33189 USTitle: O (X) Change () Addition
Name: DR. DE LA CRUZ
Address: 6520 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33183 USTitle: () 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: SUPREMA RIDGEWAY

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10/22/2009

Electronic Signature of Signing Officer or Director

Date