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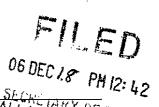
COVER LETTER 4

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE NEW	BLUE ANGELS, CORP.
DOCUMENT NUMBER: N06000011770	6
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
MASSIMO APRILE, PRESIDE	NT
(Name of	Contact Person)
THE NEW BLUE ANGELS, C	CORP.
	/ Company)
126 SW 17th ROAD, APT. #40	N7
	Address)
•	,
MIAMI FL 33129	
(City/ Stat	te and Zip Code)
For further information concerning this matter	r, please call:
GIUSEPPE DANESE, VP	at (786) 444-0010
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section Dívision of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



THE NEW BLUE ANGELS, CORP.

LUE ANGELS, CORP.

SECRETARY OF STATE

(Name of corporation as currently filed with the Florida Dept. of State) LLAHASSEE, FLORIDA

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: DECEMBER 12, 2006
Effective date if applicable: DECEMBER 12, 2006
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cas for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
MASSIMO APRILE, PRESIDENT
(Typed or printed name of person signing)
PRESIDENT
(Title of paragraphics)

FILING FEE: \$35