2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009009

Entity Name: ANGEL'S ATTIC, INC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6103 GOLDFINCH STREET SARASOTA, FL 34241

Current Mailing Address: New Mailing Address:

6103 GOLDFINCH STREET 10128 WOODBORNE PL SARASOTA, FL 34241 BRADENTON, FL 34202

FEI Number: 33-1180489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAMSEY, JOHN K ESQ. ONE SOUTH SCHOOL AVE SUITE700 SARASOTA, FL 34237 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WEIL, WM. G Name: WEIL, WM. G Name: 6103 GOLDFINCH STREET Address: 6103 GOLDFINCH STREET Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: Title: TREA (X) Change () Addition () Delete Name: TURNER, PHILIP W Name: KOLBE, SCOTT L Address: 6731 KEYSTONE DRIVE Address: 10128 WOODBORNE PL

City-St-Zip: SARASOTA, FL 34231 City-St-Zip: BRADENTON, FL 34202

Title: () Delete Title: (X) Change () Addition WEIL, DOROTHY WEIL, DOROTHY Name: Name:

6103 GOLDFINCH STREET Address: 6103 GOLDFINCH STREET Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241

Title: () Delete Title: () Change () Addition SOGOLOW, BRUCE Name: Name:

1808 ORCHID STREET Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip:

Title: () Delete Title: () Change () Addition

BERUFF, CARLOS Name: Name: 2212 58TH AVENUE E Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

KOLBE, STACY Name: Name: Address: Address: 10128 WOODBORNE PL BRADENTON, FL 34202 City-St-Zip: 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: STACY KOLBE SEC 04/16/2009