

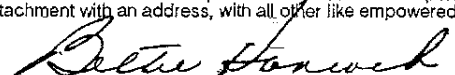


FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N12879				Feb 17, 2005 08:00 AM	
1. Entity Name ASPHALT ANGELS, INC.				Secretary of State	
Principal Place of Business C/O DONALD HANCOCK 12123 KEYLINE BLVD WEST PALM BEACH FL 33412 US		Mailing Address C/O DONALD HANCOCK 12123 KEYLINE BLVD WEST PALM BEACH FL 33412 US			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2666916	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, DONALD 12123 KEYLINE BLVD PALM BEACH GARDENS FL 33412				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHIPPY, ROBERT R		NAME		
STREET ADDRESS	16361 76TH STREET N		STREET ADDRESS		
CITY - ST - ZIP	LOXAHATCHEE FL 33470		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINS, MICHAEL		NAME		
STREET ADDRESS	16745 W ALAN BLACK BLVD		STREET ADDRESS		
CITY - ST - ZIP	LOXAHATCHEE FL 33470		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, DONALD		NAME		
STREET ADDRESS	12123 KEYLINE BLVD		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS FL 33412		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JERALD		NAME		
STREET ADDRESS	6571 143RD DR N.		STREET ADDRESS		
CITY - ST - ZIP	LOXAHATCHEE FL 33470		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, BETTIE		NAME		
STREET ADDRESS	12123 KEYLINE BLVD		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS FL 33412		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLERY, DONALD		NAME		
STREET ADDRESS	13530 59TH CT N		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33411		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  BETTIE HANCOCK 2/15/05 561-845-2400 EXT 260					