


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001504		
1. Entity Name SILVER ANGELS, INCORPORATED		
Principal Place of Business 4077 PRINCE HALL BLVD ORLANDO, FL 32811	Mailing Address 4077 PRINCE HALL BLVD ORLANDO, FL 32811	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, ALLIE 1111 OLA DR. ORLANDO, FL 32805		DO NOT WRITE IN THIS SPACE
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)</small> DATE _____		
Filing 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, EHTAL 4652 SALVIA DR ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, CHARLIE MAE 4178 CEPEDA ST ORLANDO, FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAYSON, NED 651 COMSTOCK AVE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYSON, ROBERTA 651 COMSTOCK AVE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CYROS, JOHNNIE 806 LAKE MANN DR ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ALLIE 111 OLA DR ORLANDO, FL 32805	
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: <u>ALLIE BROWN ALLIE BROWN 3/1/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3440350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/05/05-80035-018 61.25

**DO NOT WRITE
IN THIS SPACE**