2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-08-2007 90015 008 ****61.25
N94000001504

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001504

1. Entity Name
SILVER ANGELS, INCORPORATED

Principal Place of Business	Mailing Address
4077 PRINCE HALL BLVD ORLANDO, FL 32811	4077 PRINCE HALL BLVD ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

400032615

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3440350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, ALLIE 1111 OLA DR. ORLANDO, FL 32805	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, EHTAL 4652 SALVIA DR ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERRITT, CHARLIE MAE 4178 CEPEDA ST ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ Member Merritt, Charlie Mae 4178 Cepeda St. Orlando, FL. 32811	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAYSON, NED 651 COMSTOCK AVE WINTER PARK, FL 32789 Deceased	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FAYSON, ROBERTA 651 COMSTOCK AVE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CYROS, JOHNIE 806 LAKE MANN DR ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cyrus, Johnnie Ruth 806 Lake Mann Drive Orlando, Florida 32805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, ALLIE 111 OLA DR ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #