

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 02, 2008  
Secretary of State

DOCUMENT# N97000001083

Entity Name: CONCERNED ANGELS, INC.

**Current Principal Place of Business:**

5668 BROOKSTONE DRIVE  
CINCINNATI, OH 45230 US

**New Principal Place of Business:**

**Current Mailing Address:**

5668 BROOKSTONE DRIVE  
CINCINNATI, OH 45230 US

**New Mailing Address:**

FEI Number: 59-3455064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WOLMAN, ADELE  
2006 GRANADA DRIVE  
APT. J-1  
COCONUT CREEK, FL 33066 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GOLDEN, SANDY CEO  
Address: 836 S AMBER LANE  
City-St-Zip: ANAHEIM HILLS, CA 92807

Title: D      ( ) Delete  
Name: WOLMAN, ADELE SEC/TR  
Address: 2006 GRANADA DRIVE APT J-1  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D      ( ) Delete  
Name: AANDERUD, RICH V. PRES  
Address: 3004 CHESTNUT ST  
City-St-Zip: GRAND FORKS, ND 58201

Title: D      ( ) Delete  
Name: FRINGS, GINNY W PRES  
Address: 5668 BROOKSTONE DRIVE  
City-St-Zip: CINCINNATI, OH 45230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: GINNY W. FRINGS

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date