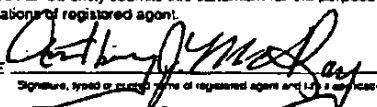
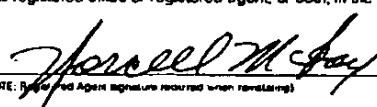
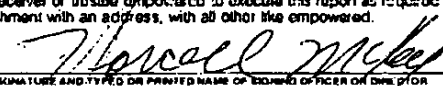


FILED
Jun 14, 2007 8:00 am
Secretary of State

03-19-2007 90065 018 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N97000002349			
1. Entity Name ANGELS FOR LIFE COMMUNITY OUTREACH CENTER INC.			
Principal Place of Business 975 NE 87 ST MIAMI FL 33147		Mailing Address 3147 NW 66 ST MIAMI FL 33147	
2. Principal Place of Business - No P.O. Box # 520 NW 105 ST/rd		3. Mailing Address 975 NE 87 St.	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc.	
City & State North Miami, FL		City & State Miami, FL	
Zip 33169		Zip 33138	
Country USA		Country USA	
4. FEI Number 65-0745796		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCRAY, NORCELL 975 NE 87TH STREET MIAMI FL 33138		7. Name and Address of New Registered Agent Name Anthony J. McKay Street Address (P.O. Box Number is Not Acceptable) 4000 SW 31st St 975 NE 87 St. City Miami FL Zip Code 33138	
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 obligation of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when transferring)  DATE 3-8-07			
FILE NOW: 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			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCEO MCRAY, NORCELL 975 NE 87 ST MIAMI FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCRAY, ANTHONY 975 NE 87 ST MIAMI FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C WALLS, IZELLA 4215 SW 152 AVE MIRAMAR FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T PORTIER, MARCELL 19022 NW 57TH STREET MIAMI FL 33169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DD CLINCH, SYLVIA 3147 NW 66 STREET MIAMI FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ADM DAVIS, COLONDRIA 1532 NW 119 ST 305 MIAMI FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			