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)

66019079

1st MOORE CR2E037 (10/06)

DOCUMENT # N97000002349

1. Entity Name

ANGELS FOR LIFE COMMUNITY OUTREACH CENTER INC.

Principal Place of Business	Mailing Address
975 NE 87 ST MIAMI FL 33147	3147 NW 66 ST MIAMI FL 33147

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
520 NW 165 ST Rd	975 NE 87 St.
Suite, Apt. #, etc.: 1109	Suite, Apt. #, etc.:
City & State: North Miami, FL	City & State: Miami, FL
Zip: 33169 Country: USA	Zip: 33138 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	7. Name and Address of New Registered Agent
MCRAY, NORCELL 975 NE 87TH STREET MIAMI FL 33138	Name: Anthony J. McRay Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 531152~~ 975 NE 87 St. 33138 City: Miami FL Zip Code: ~~33153~~

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: Anthony J. McRay Marcell McRay 3-8-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO MCRAY, NORCELL 975 NE 87 ST MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCRAY, ANTHONY 975 NE 87 ST MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WALLS, IZELLA [illegible] SW 152 AVE MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POITIER, MARCELL 19022 NW 57TH STREET MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD CLINCH, SYLVIA 3147 NW 66 STREET MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADM DAVIS, COLONDRIA 1532 NW 119 ST 305 MIAMI FL 33167	☐ 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 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: Marcell McRay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number