

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012765

FILED
Apr 16, 2007
Secretary of State

Entity Name: ANGSANA INCORPORATED

Current Principal Place of Business:

520 EAST ATLANTIC AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

20 S. SWINTON AVENUE
DELRAY BEACH, FL 33444

Current Mailing Address:

520 EAST ATLANTIC AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

20 S. SWINTON AVENUE
DELRAY BEACH, FL 33444

FEI Number: 65-0995933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPKOWITZ, MICHAEL P
520 E ATLANTIC AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

LIPKOWITZ, MICHAEL P
20 S. SWINTON AVENUE
DELRAY BEACH, FL 33444 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

04/16/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIPKOWITZ, MICHAEL P
Address: 520 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIPKOWITZ, MICHAEL P
Address: 20 S. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LIPKOWITZ

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date