



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90230 048 \*\*\*150.00

<b>DOCUMENT # P01000064067</b> 1. Entity Name NIENOW ANGELS, INC.																																	
Principal Place of Business 11102 NORTH STREET GIBSONTON, FL 33534			Mailing Address P.O. BOX 1102 SEBRING, FL 33871-1102																														
2. Principal Place of Business 911 Capriccio Lane Suite, Apt. #, etc.		3. Mailing Address 226 Ridgewood Dr Suite, Apt. #, etc.																															
City & State Apollo Beach FL Zip 33572		City & State Sebring FL Zip 33870		4. FEI Number 65-1119457																													
Country Hillsborough		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LYBARGER, BRUCE 300 N CIRCLE SEBRING, FL 33870-3305				7. Name and Address of New Registered Agent Name Lybarger, Bruce Street Address (P.O. Box Number is Not Acceptable) 226 Ridgewood Drive City Sebring FL Zip Code 33870																													
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 <u>Bruce Lybarger</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/21/2006</u>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">           PVST            NIENOW, ARTHUR S            11102 NORTH STREET            GIBSONTON, FL 33534           <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST NIENOW, ARTHUR S 11102 NORTH STREET GIBSONTON, FL 33534 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            911 Capriccio Lane            Apollo Beach, FL 33572         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 911 Capriccio Lane Apollo Beach, FL 33572												
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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 607, 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: <u>Arthur S Nienow</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-26-06 813-645-1951 Date Daytime Phone #																														