2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053063

1. Entity Name ALICE'S ANGEL, INC.

Principal Place of Business

Mailing Address

4628 EL MAR DR

4628 EL MAR DR

LAUDERDALE BY THE SEA, FL 33308

LAUDERDALE BY THE SEA, FL 33308

FILED Apr 30, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0058367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERME, LAURIE 4628 EL MAR DR LAUDERDALE BY THE SEA, FL 33308

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algosture required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME VERME, LAURIE STREET ADDRESS 4628 EL MAR DR CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 TITLE NAME VERME, LAURIE STREET ADDRESS 4628 EL MAR DR CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 TITLE VERME, LAURIE NAME STREET ADDRESS **4628 EL MAR DR** CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

U00000747357 05/17/07-80022-013 158.75

DO NOT WRITE IN THIS SPACE

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 withan address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP