

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000359

Entity Name: ANGELIC GUIDANCE, INC.

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

8617 RIVER HOMES LANE
#203
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

8617 RIVER HOMES LANE
#203
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 36-4516727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKLARUK, ANNEMARIE
8617 RIVER HOMES LANE
#203
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKLARUK, ANNEMARIE
Address: 8617 RIVER HOMES LANE #203
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKLARUK, ANNEMARIE PRES
Address: 8617 RIVER HOMES LANE #203
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNEMARIE SKLARUK

PRES

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date