


**DOCUMENT # P03000015092**

1. Entity Name  
ANGEL LIFE, INC



Principal Place of Business  
595 W FAIRBANK AVE  
WINTER PARK, FL 32789

Mailing Address  
595 W FAIRBANK AVE  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2314869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAN, JIN-HO  
1341 HOLLY GLEN RUN  
APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	DPS HAN, JIN-HO 1140 ANSLEY CIRCLE #114 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MIRAN, JANG 1140 ANSLEY CIRCLE #114 APOPKA, FL 32703
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05/13/06-80115-008 150.00

**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 with an address, with all other like empowered.

SIGNATURE: *Linke Nam* α 4/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #