

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/15/2004-90001-041-\$550.00-\$550.00

DOCUMENT # P03000049249	
1. Entity Name ANGEL POWER HOUSING, INC.	

Principal Place of Business 7371 REGINA ROYALE BLVD SARASOTA, FL 34238	Mailing Address 800 S. OSPREY AVE SARASOTA, FL 34236
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2. Principal Place of Business Suite, Apt. #, etc. PO Box 49432	3. Mailing Address Suite, Apt. #, etc.
City & State Sarasota FL	City & State
Zip 34230	Country

FILED
04 NOV -3 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04


07152004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2356889	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOMMER, GREGORY M 7371 REGINA ROYALE BLVD SARASOTA, FL 34238 1628 Baywind Lane Sarasota FL 34231	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1628 Baywind Lane City Sarasota FL Zip Code 34231	
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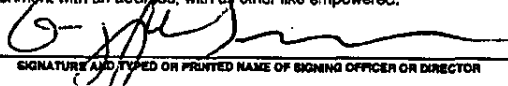
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 - Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Gregory M Sommer 1628 Baywind Lane Sarasota FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Linda Carter 1628 Baywind Lane Sarasota FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  09-08-04 941-989-735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #