2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061843

Entity Name: DARK ANGEL ENTERPRISES, INC.

FILED Jul 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 US

FEI Number: 20-0807334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SHUFORD, LARRY SHUFORD, LARRY 1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

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: LARRY SHUFORD 07/07/2004

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition GRADY, KENNETH GRADY, KENNETH Name: Name: 1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N Address: Address:

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 US

() Delete Title: (X) Change () Addition Title: CALDWELL, RONALD Name: CALDWELL, RONALD Name:

1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N Address: Address: JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title:

SHUFORD, LARRY SHUFORD, LARRY Name: Name:

1828 LONGWOOD KEY DR N 1828 LONGWOOD KEY DR N Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 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: LARRY SHUFORD 07/07/2004 Τ