


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90032 029 ***150.00

DOCUMENT # P03000095119	
1. Entity Name HEAVEN'S LITTLE ANGELS INC.	

Principal Place of Business 5639 ANSLEY ST. JACKSONVILLE FL 32211	Mailing Address 5639 ANSLEY ST. JACKSONVILLE FL 32211
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2. Principal Place of Business 5639 Ansley St	3. Mailing Address 5639 Ansley St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jackson FL
Zip 32211	Zip 32211
Country Duval	Country Duval

4. FEI Number 59-3544765		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRISBANE, TERRANCE SR. 11651 V.C. JOHNSON ROAD JACKSONVILLE FL 32218	
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7. Name and Address of New Registered Agent Name Terrance Brisbane, Sr Street Address (P.O. Box Number is Not Acceptable) 11651 V.C. Johnson Road City Jacksonville FL Zip Code 32218	
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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 <i>Effie Jones</i>	DATE 2-23-06

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P JONES, EFFIE 5639 ANSLEY ST. JACKSONVILLE FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V COUNTRYMAN, LAQUANTA 5639 ANSLEY ST. JACKSONVILLE FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D FREEMAN, BRIDGETTE 5639 ANSLEY ST. JACKSONVILLE FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D JAMES, TRACY 5639 ANSLEY ST. JACKSONVILLE FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>Effie Jones</i>	DATE: 2-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	