



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90496 005 \*\*\*158.75

<b>DOCUMENT # P04000008730</b> 1. Entity Name <b>BUILDER'S ANGEL, INC.</b>					
Principal Place of Business <b>9836 BISHOP LANE PORT RICHEY, FL 34668</b>				Mailing Address <b>9836 BISHOP LANE PORT RICHEY, FL 34668</b>	
2. Principal Place of Business <i>Cleming</i> Suite Apt. #, etc. <i>9836 Bishop Lane Port Richey FL</i>		3. Mailing Address <i>9836 Bishop Lane</i> Suite Apt. #, etc. <i>9836 Bishop Lane Port Richey FL</i>			
City & State <i>Port Richey FL</i>		City & State <i>FL 34668</i>		4. FEI Number <b>59-3106956</b>	
Zip <i>34668</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DESANTIS, MARILENE 9836 BISHOP LANE PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name <i>Desantis, Marilene</i> Street Address (P.O. Box Number is Not Acceptable) <i>9836 Bishop Lane</i> <i>Port Richey FL</i> City <i>Port Richey</i> <b>FL</b> Zip Code <i>34668</i>	
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>NO change</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DESANTIS, CHRISTINE M 9836 BISHOP LANE PORT RICHEY, FL 34668</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DESANTIS, MARILENE 9836 BISHOP LANE PORT RICHEY, FL 34668</b>		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4/20/05</i> Daytime Phone # _____					