## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

HEAVEN'S ANGELS GROUP HOME, INC.    D8 APR 10 PM 4; 03	DO0114	45NT # D0 40000 44	2000			7	č <sup>pu</sup>	er h h parts grown		
MEAVEN'S ANGELS GROUP HOME, INC.    OB APR 10 PM 4: 03	DOCUMENT # P04000040902						FILED			
Principal Prace of Business 810 14 RI STREET 810 14 RI ST									3	
2. Principal Place of Business - No P.O. Box #    Suite, Apt. # rec.    Suite, Apt. # re	Principal Place of Rusiness					$\dashv$				
Suite, Apt. 8; etc.  O4042008 Chg-P CR2E034 (12/06)  City & State  City & State  City & State  City & State  A. FE Namber 20-0830068  A. FE Namber	810 14TH ST	REET	810 14TH STREET	STREET			TALLAH	ASSEE, FLORIC	ĎΑ	
City & State  Ci	2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address						
2D Country Zip Country 5. Country	Suite, Apt. A	7, etc.—	Suite, Apt. #, etc.			04042008	Chg-P	CR2E034 (12/06)		
GILKES, MARCIA 17314 73RD COURT NORTH LOXAHATCHEE, FL 33470  8. The floore named entity submits this statement to the pulpose of changing its registered Agent aprail required agent, or both, in the State of Forida. I am familiar with, and accept the doligation of registered agent.  NOTE Ingressed Agent Agent aprail required agent, or both, in the State of Forida. I am familiar with, and accept the doligation of registered agent.  NOTE Ingressed Agent Agent aprail required agent, or both, in the State of Forida. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with, and accept the doligation of registered agent. I am familiar with accept agent	City & State		City & State					<del>  </del>	·	
GILKES, MARCIA 17314 73RD COURT NORTH LOXAHATCHEE, FL 33470  8. The facour nariped entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the doligation of registered agent.  SIGNATURE  Amended AR is \$61.25  Amended AR is \$61.25  9. Election Compoling Financing Trust Fund Contribution.  SIRET ADDRESS 10. ORFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE SIRET ADDRESS 107-51-2P 10. ORFICERS AND DIRECTORS 107-51-2P 108-108-108-108-108-108-108-108-108-108-	Zip	Country	Zip Coun		ıtry	5. Certificate of Status Desired 5. Fee Required		itional d		
SIGNATURE   Public hard or single-hand of ine pulsose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the designations of registered agent, or both, in the State of Florida. I am familier with, and accept the designations of registered agent, or both, in the State of Florida. I am familier with, and accept the designations of registered agent, or both, in the State of Florida. I am familier with, and accept the designations of registered agent, or both, in the State of Florida. I am familier with, and accept the designation of registered agent, or both, in the State of Florida. I am familier with, and accept the designation of registered agent, or both, in the State of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with, and accept the designation of the State of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with, and accept the designation of the state of Florida. I am familier with a state of Florida. I am familier with, and accept the designation of Florida. I am familier with a state of Florida. I am familier with a familier of florida.    The florida State of Florida Statutes. I further contribute of florida States. I further contribute of florida Statutes. I further contribute of the control of the florida Statutes. I further contribute of florida statutes. I further contributes of florida statutes. I further contributes of the control of the		6. Name and Address of Current								
Prest Grides (P.D. Box Number in Red Secoption 2007)   Prest Gri	GILKES M	ARCIA		Janice Hemberson						
8. The follows named entity submits this statement for the pulposes of changing its registered office for registered agent, or both, in the State of Florida. I am familiar with, and accept the dolgation of registered agent.    A	17314 73R	D COURT NORTH	F"		Street ddress	(P.O. Box Numb	er io GOO CCEPTER	Way East		
B. The blown named entity submits this statement to the purpose of changing its registered office for registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent.    Control Registered Agent agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent.	EDMINIONEE, LE 30410									
SIGNATURE   Author			$\bigcap$			PHOLM	Beach	TE TE	3411	
Amended AR is \$81.25    Amended AR is \$81.25   S. Election Campaign Financing   \$5.00 May Be   Added to Fees   Addition   Addition										
Amended AR Is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS ICHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE IMME SIRET ADDRESS OTY-S1-2P  CITY-S1-2P	W-4-08									
Amended AR is \$61.25  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P	SIGNATURE_	signature, typed or printed name of registered agent	and offerf applicable. (NO	TE: Registere	ed Agent signature requi	red when reinstatrig)		DATE		
TITLE NAME CONVENENCE OF CHANGE STREET ADDRESS CITY-ST-2P CHANGE STREET ADDRESS CITY-ST-2P CITY-ST-2P CHANGE STREET ADDRESS CITY-ST-2P CITY-ST-	Ame	ended AR is \$61.25			,	ded to Fees	E			
TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME HENDERSON, JANICE F 102 SWAN PARK WAY EAST CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  Delde  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CIT	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF			
SIRET ADDRESS CITY-ST-2P CITY-ST-		•	Delete	1				☐ Change	☐ MOSIBOR	
CITY-ST-2P  LOXAHATCHEE, FL 33470  CITY-ST-2P  ITILE  MAME  HENDERSON, JANICE F  102 SWAN PARK WAY EAST  CITY-ST-2P  ROYAL PALM BEACH, FL 33411  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE				··- (						
TITLE NAME HENDERSON, JANICE F 102 SWAN PARK WAY EAST CITY-ST-2P ROYAL PALM BEACH, FL 33411  TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CIT		_						Change	Addition	
STREET ADDRESS CITY-ST-ZP ROYAL PALM BEACH, FL 33411  CITY-ST-ZP ROYAL PALM BEACH, FL 33411  CITY-ST-ZP  ROYAL PALM BEACH, FL 33411  CITY-ST-ZP  ITILE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TOTAL STREET ADDRESS CIT	TITLE	VP == Douce			1	<b>—</b> • • • • • • • • • • • • • • • • • • •				
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  C		HENDERSON, JANICE F	STREET ADDRESS		REET ADDRESS	04/15/0801003018 **70.00				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Beide  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Beide  TO		ROYAL PALM BEACH, FL 334						Change	Addition	
STREET ADDRESS CITY-ST-ZIP    Delete	TITLE		☐ Delete							
CITY-ST-ZIP    Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition		ļ		4	I					
ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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  Change Addition  Change Addition  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition  Change Ad								☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 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 is changed, or on an attachment with an address, with all other like empowered.		•	L_1 Delete							
CITY-ST-ZIP    Delste   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition					I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. 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 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 is changed, or bit an address, with all other like empowered.	1		□ Daleta	<del></del>				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 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 is changed, or on an attachment with an address, with all other like empowered.	1		[] De:818	N	AME				-	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accorrate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director indicated on this report or supplemental report is true and accorrate and that my signature shall have the same legal effect as if made under cath; 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 is changed, or on an attachment with an address, with all other like empowered.  Date  Date  Date  Date  Description  Des	}			- 1	ľ					
ITILE  MAME  STREET ADDRESS  CITY-ST-2P  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 I am an officer or director 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 is changed, or by an an attachment with an address, with all other like empowered.  CICALATURE:  Date  Date  Date  Date  Date  Date  Date	1		□ Dalwa					☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP  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 I am an officer or director 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 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 in changed, or on an attachment with an address, with all other like empowered.  CICALATURE:  Date  Date  Description:	l .		in nerve		tame .					
CITY-ST-ZP  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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes in made under oath; that I am an officer or director indicated on this report or supplemental report is true and accornate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and accornate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and accornate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and accornate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and accornate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 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 the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered to execute the report as required by Chapter 6	CTREET ADDRESS	s								
changed, or on an attachment with an address, with all other like empowered.	CITY_ST_7IP	1	its this filling documents quali			ained in Chapter	119, Florida Statute	es. I further certify that th	e information cer or director	
changed, or on an attachment with an address, with all other like empowered.	12. I hereby	y certify that the information supplied on this report or supplemental report of supplemental reports.	with this filling does not dual ort is true and accurate and it mnowered to execute this re	nat my siç port as re	nature shall have quired by Chapte	the same legal e r 607, Florida Sta	nect as it made und tutes; and that my f	name appears in Block 1	0 or Block 11 if	
CICALATE DE Della Description de Des	of the c	corporation or the receiver or trustee e ad, or on an attachment with an addre	ss, with all other like employe	red.			11 _11_	~		
SIGNATURE AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR		- Land	d hod de	w_			Date	<u> </u>		
	SIGNA	SIGNATURE AND TYPED	OR PRINTED NAME OF LIGHTING OFF	TCER OR DI	RECTOR					