

## **FILED** Feb 24, 2005 8:00 am Secretary of State 02-24-2005 90043 026 \*\*\*158.75

## **2005 FOR PROFIT CORPORATION**

	ANNUAL	. REPORT						
DOCUMENT # P0400068905				<u></u>				
1. Entity Name DEDICATED ANGEL, INC.							•	
DEDICATED ANGEL, INC.								
Principal Place of Business		Mailing Address				(€nn1	0075	
7934 SYLVAN DR Hudson, Fl 34667		7934 SYLVAN DR Hudson, Fl. 34667				, <b>ວ</b> ີຄໍດຳ	18675	
11000011,12	5.557	11000011,12 0 1001		) 16311331 11	. 881)) 218)) 82))) 68))	idin Guifa Guai Luifa (2)11 Guifa)	131 <b>12</b> 51	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 1 (22)(24) (1)	1 8411 61611 89111 69111 8	SW 8342 SWEI 1343 (SW 8343) 1		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		. 02212005	Chg-P	CR2E034 (10/03)	) 	
City & State		City & State		4 FEI Numb	52413	/ V4	pplied For tot Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Ac	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Fee Require Registered Agent	ed	
			Name	Name				
GASPARINI, DIANE 7934 SYLVAN DR HUDSON, FL 34667			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
HUDSON,	FL 34007							
			City			FL Zip Co	de	
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS DEDADT	11.	ADDITIONS	L CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE Name	Diane in Gaspar	Defete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	793,4 Sylvan L		STREET ADDRESS					
CITY-ST-ZIP	Hudson, Pl. 34	466 /	CITY-ST-ZIP			☐ Change	- Addition	
title Name		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			-		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Detete	TITLE			Change	Addition :	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		•	Character Character	☐ Addison	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	partify that the information supplied wit	h this filing does not qualify for the	CITY-ST-ZIP	in Section 119 07(3)	(i) Florida Statutes	s. I further certify that the	information	
12. Thereby 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								