2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000068905

1. Entity Name
DEDICATED ANGEL, INC.

Principal Place of Business	Mailing Address
7625 LITTLE RD. SUITE 304A	7625 LITTLE RD. SUITE 304A
NEW PORT RICHEY, FL 34654	NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
30-0241369		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GASPARINI, DIANE
7934 SYLVAN DR
HUDSON, FL 34667

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GASPARINI, DIANE
STREET ADDRESS	7934 SYLVAN DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-30072-011 150.00

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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 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.

SIGNATURE: _Diane M Gasparini_ Diane M Gasparini 01/06/06 (727) 853-0861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #