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Secretary of State

01-11-2008 90062 034 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068905

1. Entity Name
DEDICATED ANGEL, INC.

66000854

01052008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7934 SYLVAN DRIVE HUDSON, FL 34667	~~7625 LITTLE RD, SUITE~~ 304A ~~NEW PORT RICHEY,~~ FL 34654 7934 Sylvan Dr. Hudson, Fl. 34667
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. See above
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 30-0241369 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASPARINI, DIANE 7934 SYLVAN DR HUDSON, FL 34667	Diane Gasparini Street Address (P.O. Box Number Not Acceptable): 7934 Sylvan Dr City: Hudson FL Zip Code 34667

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: Diane Gasparini Diane Gasparini — DATE: 1/3/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GASPARINI, DIANE 7934 SYLVAN DR HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Gasparini Diane Gasparin — 1/3/2008 — 727 389-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #