2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# P04000094540

Entity Name: ANGEL BLUE EYES, INC.

Current Principal Place of Business:

3537 WILES RD APT 101
COCONUT CREEK, FL 33073

New Principal Place of Business:

3537 WILES ROAD
101
COCONUT CREEK, FL 33073 US

Current Mailing Address:

3537 WILES RD APT 101
COCONUT CREEK, FL 33073

New Mailing Address:

3537 WILES ROAD
101
COCONUT CREEK, FL 33073 US

FEI Number: 56-2468248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLINICE, BARBARA
3537 WILES RD APT 101
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

POLINICE, BARBARA
3537 WILES ROAD
101
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: 04/24/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLINICE, BARBARA
Address: 3537 WILES RD APT 101
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POLINICE, BARBARA
Address: 3537 WILES ROAD APT 101
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VP ( ) Change (X) Addition
Name: ROOSE, JOHN
Address: P.O.BOX 75-9841
City-St-Zip: CORAL SPRINGS, FL 33075 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA POLINICE P 04/24/2005
Electronic Signature of Signing Officer or Director — Date