

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000101586

1. Entity Name
 ANGELINA & KATRINA, INC.



Principal Place of Business
 2986 SHANNON CIRCLE
 PALM HARBOR, FL 34684

Mailing Address
 2986 SHANNON CIRCLE
 PALM HARBOR, FL 34684



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2015541 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

AKHNOUKH, AKHNOUKH
 2986 SHANNON CIRCLE
 PALM HARBOR, FL 34684

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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)

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

DATE
 02/22/06-80019-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AKHNOUKH, AKHNOUKH
STREET ADDRESS	2986 SHANNON CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	DV
NAME	MORCOS, ZKARIA K
STREET ADDRESS	1620 MARBOROUGH LANE
CITY-ST-ZIP	INDIANAPOLIS, IN 46260
TITLE	STD
NAME	GERGES, MAGED G
STREET ADDRESS	513 ABERDEEN STREET
CITY-ST-ZIP	CARMEL, IN 46032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

Daytime Phone #