2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# P04000123691

Entity Name: ANGI, INC.

Current Principal Place of Business:

1766 MAIN STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1766 MAIN STREET
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 90-0197152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDDELL, JEFFERSON F ESQ.
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: CRISTOFOLI, GIOVANNI DPT
Address: 2479 SUNNYSIDE LANE
City-St-Zip: SARASOTA, FL 34239 US

Title: VD ( ) Delete
Name: BOZZOLO, ANDREA VD
Address: 4595 COUNTRY MANOR DRIVE
City-St-Zip: SARASOTA, FL 34233 US

Title: SD ( ) Delete
Name: VAN GURP, ISMINI J SD
Address: 4595 COUNTRY MANOR DRIVE
City-St-Zip: SARASOTA, FL 34233 US

Title: TD ( ) Delete
Name: VAN GURP, NICKY V TD
Address: 2479 SUNNYSIDE LANE
City-St-Zip: SARASOTA, FL 34239 US

Title: VD ( ) Delete
Name: COBUSSEN, PETRONELLA M VD
Address: 2338 DATURA STREET
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ISMINI VANGURP SD 04/19/2009

Electronic Signature of Signing Officer or Director Date