2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secrétary of State 07-26-2007 90030 005 ***150.00 DOCUMENT # P05000035563 ANGEL LAKES GATED, INC. 4014/163 Principal Place of Business Mailing Address 44959 GREEN MEADOW DRIVE 44959 GREEN MEADOW DRIVE CALLAHAN, FL 32009 US CALLAHAN, FL 32009 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07242007 Chg-P CR2E034 (12/06) 4. FEI Number 20-2460576 APPLIED FOR City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENE, DANA M ess (P.O. Box Number is Not Acceptable) 44959 GREEN MEADOW DRIVE CALLAHAN, FL 32009 Cullahan Zio Code 32011 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 Kenneth Lee Chreene Jr 7/24/07 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IMIE Delete TITLE Change Addition NAME GREENE, KENNETH L NAME 54221 Evergreen Tri STREET ADDRESS 44959 GREEN MEADOW DRIVE STREET ADDRESS CITY - ST - ZIP Callahan FL 32011 CALLAHAN, FL 32009 CITY-ST-7IP VΡ Delete HHE Change **X**Addition Kenneth Lee Greene Ir NAME GREENE, DANA 44959 Green meadows Ln STREET ADDRESS 44959 GREEN MEADOW DRIVE STREET ADDRESS CITY ST ZIP CALLAHAN, FL 32009 CITY ST-ZIP Cullahan FL 32011 TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY ST ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP 12. 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.

NG OFFICER OR DIRECTOR

FILED Jul 26, 2007 8:00 am