2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P05000048691 05-02-2006 90429 031 ***150.00 1. Entity Name ARCH-ANGEL DESIGNS, INC. Principal Place of Business Mailing Address 400000 6859 SATINLEAF RD S 6859 SATINLEAF RD S #202 #202 NAPLES, FL 34109 US NAPLES, FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) 4. FEI Number City & State Applied For 20-2603106 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired is of Current Registered Agent 7. Name and Address of New Registered Agent STOOK, BRENDA 6859 SATINLEAF RD S #202 asth NAPLES, FL 34109 FL Japhes 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PVD PVID TITLE Delete me ☐ Change ☐ Addition Branda Stook NAME STOOK, BRENDA MAME 57 SW STREET ADDRESS 6859 SATINLEAF RD S #202 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 570010 STOOK, BRENDA NAME STREET ADDRESS 6859 SATINLEAF RD S #202 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP C/TY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: SNATURE AND TYPED OR PRINTED NAME OF SK

36<u>00</u>

FILED