


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90461 017 ***150.00

DOCUMENT # P05000061897 1. Entity Name NEW ANGELS ACADEMY #2, INC.	
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Principal Place of Business 271 PARK BOUENVARD MIAMI, FL 33126	Mailing Address 271 PARK BOUENVARD MIAMI, FL 33126
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00004110



2. Principal Place of Business 2189 W 60 St. Suite, Apt. #, etc. # 101	3. Mailing Address 9032 NW 163 Terr Suite, Apt. #, etc.
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04252006 Chg-P CR2E034 (11/05)

City & State Hialeah	City & State Hialeah FL	Zip FL 33016	Country USA
City & State Hialeah FL	City & State Hialeah FL	Zip 33018	Country USA

4. FEI Number 20-2764871	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOSE E. BUSTILLO, ESQ., P.A.
 3550 SW 148TH AVENUE
 SUITE 130
 MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name RAUL BANOS
 Street Address (P.O. Box Number is Not Acceptable)
9032 NW 163 Terr
 City Hialeah **FL** Zip Code 33018

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 Raul Banos. DATE 4/26/06

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD BANOS, RAUL	<input type="checkbox"/>
NAME	9032 NW 163RD TERRACE	
STREET ADDRESS	MIAMI, FL 33018	
CITY-ST-ZIP		
TITLE	VD ARBELAEZ, TULIO D	<input type="checkbox"/>
NAME	13870 NW 20TH STREET	
STREET ADDRESS	PEMBROKE PINES, FL 33028	
CITY-ST-ZIP		
TITLE	SD BANOS, YAQUELINE	<input type="checkbox"/>
NAME	9032 NW 163RD TERRACE	
STREET ADDRESS	MIAMI, FL 33018	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

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:  4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #