

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90193 040 \*\*\*158.75

<b>DOCUMENT # P05000147374</b> 1. Entity Name <b>ANGEL PRESS PUBLISHING, INC.</b>					
Principal Place of Business <b>6940 NW 179 STREET 401 MIAMI LAKES, FL 33015</b>			Mailing Address <b>P.O. BOX 172383 HIALEAH, FL 33017</b>		
2. Principal Place of Business <b>5740 NW 200 Street</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Miami Lakes, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-3792600</b>	
Zip <b>33015</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, TANYA 6940 NW 179 STREET 401 MIAMI LAKES, FL 33015</b>				7. Name and Address of New Registered Agent Name <b>T. Belinda Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>5740 NW 200 Street</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33015</b>	
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 <b>T. Belinda Williams, President</b> <b>4/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WATLEY, LINDA</b> <b>2770 GAYCROFT COURT</b> <b>COPLEY, OH 44321</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Linda D. Watley</b> <b>2770 Gaycroft Court</b> <b>Copley, OH 44321</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WILLIAMS, TANYA</b> <b>P.O. BOX 172383</b> <b>HIALEAH, FL 33017</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T. Belinda Williams</b> <b>P.O. BOX 172383</b> <b>Hialeah, FL 33017</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>T. Belinda Williams</b> <b>4/27/06</b> <b>305 394 6184</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					