


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000149434 1. Entity Name ANGEL ON MY SHOULDER BY CECILIA, INC.	
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FILED

2008 APR 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1125 W. 8TH ST. JACKSONVILLE FL 32209	Mailing Address 1125 W. 8TH ST. JACKSONVILLE FL 32209
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 20-3767454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, WADE F. JR. 2901 CURRY FORD RD., STE. 212 ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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, 2008 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

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	
TITLE	DP <input type="checkbox"/> Delete CARR, CECILIA 1125 W. 8TH ST. JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700128775967 05/07/08--01041--001 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<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 Section 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: *Cecilia Carr, Owner* *Pres. Angel on my Shoulder By Cecilia, Inc.* 4-28-2008 904-525-2022

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