2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2007
Secretary of State

DOCUMENT# P06000079056

Entity Name: PLATINUM ANGEL RETREAT, INC.

Current Principal Place of Business:

5025 HOLLYCREST DRIVE S
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

PO BOX 551466
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 33-1139437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODS, WILLA D
300 NW 11TH STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOODS, EARNEST
Address: PO BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: VPD ( ) Delete
Name: WOODS, CEDRIC D
Address: PO BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: SEC (X) Delete
Name: WOODS, WILLA D
Address: PO BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: COO (X) Delete
Name: STRACHAN, CASSANDRA L
Address: PO BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: WOODS, WILLA D
Address: PO BOX 551466
City-St-Zip: JACKSONVILLE, FL 32255

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARNEST WOODS PD 06/17/2007

Electronic Signature of Signing Officer or Director — Date