

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90466 032 ***150.00

DOCUMENT # P06000087162 1. Entity Name ANGELIA HOUSTON TRANSPORT, INC.					
Principal Place of Business 386 LAKE AMBERLEIGH DR. WINTER GARDEN, FL 34787			Mailing Address 386 LAKE AMBERLEIGH DR. WINTER GARDEN, FL 34787		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 205122166	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOUSTON, LEE MICHAEL 386 LAKE AMBERLEIGH DR. WINTER GARDEN, FL 34787				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME STREET ADDRESS CITY - ST - ZIP		TITLE	NAME STREET ADDRESS CITY - ST - ZIP	
NAME	HOUSTON, ANGELIA 386 LAKE AMBERLEIGH DR. WINTER GARDEN, FL 34787		NAME	HOUSTON, LEE MICHAEL 386 LAKE AMBERLEIGH DR. WINTER GARDEN, FL 34787	
STREET ADDRESS			STREET ADDRESS		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-07 321-953-2600 <small>Daytime Phone #</small>		