2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# P06000130145

Entity Name: ANGELA BIER P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
1129 MINNESOTA AVE WINTER PARK, FL 32789 US	

Current Mailing Address:	**New Mailing Address:**
1129 MINNESOTA AVE WINTER PARK, FL 32789 US	14793 OLD THICKET TRACE WINTER GARDEN, FL 34787 US

FEI Number: 20-5742440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BIER, ANGELA 1129 MINNESOTA AVE WINTER PARK, FL 32789 US	BIER, ANGELA 14793 OLD THICKET TRACE WINTER GARDEN, FL 34787 US

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: ANGELA BIER 05/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BIER, ANGELA	Name:	
Address:	1129 MINNESOTA AVE	Address:	
City-St-Zip:	WINTER PARK, FL 32789 US	City-St-Zip:	
Title:	T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BIER, ANGELA	Name:	
Address:	1129 MINNESOTA AVE	Address:	
City-St-Zip:	WINTER PARK, FL 32789 US	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BIER, ANGELA	Name:	
Address:	1129 MINNESOTA AVE	Address:	
City-St-Zip:	WINTER PARK, FL 32789 US	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BIER, ANGELA	Name:	
Address:	1129 MINNESOTA AVE	Address:	
City-St-Zip:	WINTER PARK, FL 32789 US	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: ANGELA BIER P 05/15/2008
Electronic Signature of Signing Officer or Director Date