FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIF	ORM BUSIN		.5		
DOCUMENT # P06000151466 1. Entity Name				FILED	
i. chuty Name				10 APR 20	
ANGLES OF HOPE INC				Service	111 21 07
DO NOT WRITE IN THIS SPACE				SECRETARY TALLAHASSE	OF STATE E. FLORIDA
2. Principal Place of Business 7037 BLAIR DR		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ORLANDO, FL		City & State		4. FEI Number 03-0611535	Applied For Not Applicable
Zip 32818	Country	Zip	Country	5. Certificate of Status Desired	TO 75 Additional
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the state of t	7. Nan	ne and Address of Current Regis	
Name Name					
DO NOT WRITE WYCLIFFE BADAL Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					
· 斯·默·爾(爾)			City		Zip Code
11.5			ORLANDO	FL	32818
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 AUCLIFFE Badal 4/4/2010.					
Signature Apped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE. January 1 - May 1 Fee is \$150.00					
After May 1, Fee Is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			· . · .	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable 10.		ment of State AND DIRECTORS	11.		<u> </u>
TITLE	CEO		SOTITUE - NO - HE -	Mar 1981 1981 1981 1981 1981 1981	· · · · · · · · · · · · · · · · · · ·
NAME	WYCLIFFE BADAL 17037 BLAIR DR	•	NAME		
STREET ADDRESS CITY-ST-ZIP	ORLANDO,FL. 328	18	STREET ADDRESS CITY-ST-ZIP	3001765920 M/20/10-01031021	93
TITLE			an TITLE Big. AF		
NAME STREET ADDRESS	T ADDRESS		NAME STREET ADDRESS		odeli se i se i s
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ĺ		STITLE ME SE	柳 爾 水 海 海 海	764 - P
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT W	/RITE
TITLE	}	A	TITLE IN IN	IN THIS SP	DACE
NAME STREET ADDRESS	╽	1.0	NAME STREET ADDRESS		
CITY-ST-ZIP		112U	CITY-ST-ZIP.	[28] [30] [30] [32] [32] [33] [33]	Name of the second
TITLE NAME	V' '	/	NAME WE WILL	家 機為與自居 (第二)第二章	
STREET ADDRESS		1	STREET ADDRESS		and the second
CITY-ST-ZIP			CITY-ST-ZIP-		1111
TITLE NAME			TITLE	数 1000 1000 1000 1000 1000 1000	plant (MATE)
STREET ADDRESS	;		STREET ADDRESS		
CITY-ST-ZIP	no information supplies	t mith thin filler dee	CITY-ST-ZIP		
certify that the inform	ne information supplied nation indicated on this	rwith this tiling does no report or supplementa	ot quality for the exemption st I report is true and accurate a	ated in Section 119.07(3)(i), Florida Stand that my signature shall have the sa	atutes. 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 eath; 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 on an attachment with an address, with all other like empowered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2010

Date

(407) 822-7640 Daytime Phone #