2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # P97000007803** ANGLE RIGHT CONSULTANTS, INC. Principal Place of Business Mailing Address 911 W ST PETERSBURG DR PO BOX 237 OLDSMAR, FL 34677 OLDSMAR, FL 34677 02192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428594 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VOIGHT, STEVEN D 1855 VENETIAN POINT DR CLEARWATER, FL 33755 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 2 Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VOIGHT, STEVEN D NAME 1855 VENETIAN POINT DR STREET ADDRESS U000000731349 CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 effect the 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> BIGNATURE AND TIPED OR SIGNING OFFICER OR DIRECTOR

Daytime Phone #