

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000081217

1. Entity Name

DARLING ANGEL PIN CREATIONS, INC.



Principal Place of Business

**101 AMERICAN CENTER PL., STE. 216
TAMPA, FL 33619 US**

Mailing Address

**101 AMERICAN CENTER PL., STE. 216
TAMPA, FL 33619 US**



04032006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3471391

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIEDRICH, JAMES
1526 CROSSRIDGE DR.
BRANDON, FL 33510**

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
OLSON, SHELLY R
3701 TREELINE DR.
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
MENDEZ, JUDITH
7752 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/19/06-80070-025 150.00

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IN THIS SPACE**

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

4/3/06 813-764-
0126