2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am DOCUMENT # P99000009885 1. Entity Name Secretary of State ANGEL DUST INC. 05-08-2000 90122 024 ***150.00 Mailing Address Principal Place of Business 2307 GRAND BROOK CIRCLE 2307 GRAND BROOK CIRCLE SUITE 1022-A SUITE 1022-A ORLANDO FL 32810 ORLANDO FL 32810 BROOK CIPCLE AND Principal Place of Business 307 GRAND BROOK GRAND DO NOT WRITE IN THIS SPACE Applied For FL Not Applicable \$8.75 Additional Fee Required IS A Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE RAND BROOK CIRCLE # 102 SUITE 900 **MIAMI FL 33131** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President ☐ Delete TITLE TITLE 2307 GRAND BROOK Ciecle # 1023-A COUTU, RENE NAME NAME 2307 GRAND BROOK CIRCLE STREET ADDRESS STREET ADDRESS Delando, FL 32810 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32810 ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: