2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006895

Entity Name: WINGZWON, LLC

City-St-Zip:

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 403 SW THISTLE TRAIL 466 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953 US SUITE 106 PORT ST. LUCIE, FL 34953 US **Current Mailing Address: New Mailing Address:** 403 SW THISTLE TRAIL PORT ST. LUCIE, FL 34953 US FEI Number: 20-8259534 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: FRITZ, RALPH S 403 SW THISTLE TRAIL PORT ST. LUCIE, FL 34953 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition FRITZ, RALPH S FRITZ, RALPH S Name: Name: Address: 403 SW THISTLE TRAIL Address: 403 SW THISTLE TRAIL City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip: PORT ST. LUCIE, FL 34953 US Title: Title: () Change (X) Addition () Delete Name: Name: FRITZ, NONA L Address: Address: 403 SW THISTLE TRAIL City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34953 US Title: () Delete Title: MGR () Change (X) Addition Name: FRITZ, STEVEN K Name: 3445 SW CATSKILL DRIVE Address: Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

PORT ST. LUCIE, FL 34953 US

SIGNATURE: RALPH S. FRITZ P 04/21/2008