

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 18, 2009  
Secretary of State**

DOCUMENT# N01011

Entity Name: WING DING SPORTS ASSOCIATION, INC.

**Current Principal Place of Business:**

9000 NORTH PALAFOX  
#29  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

9000 NORTH PALAFOX  
#29  
PENSACOLA, FL 32534

**New Mailing Address:**

FEI Number: 59-2916606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, JOE  
9000 N. PALAFOX, #29  
PENSACOLA, FL 32534      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROBINSON, JOE  
Address: 9000 N. PALAFOX, #29  
City-St-Zip: PENSACOLA, FL 32534

Title: SD      ( ) Delete  
Name: HOMELAND, HAROLD  
Address: 708 SOUTH G ST.  
City-St-Zip: PENSACOLA, FL 32504

Title: D      ( ) Delete  
Name: REINSCHMIDT, DUTCH  
Address: PO BOX 1096  
City-St-Zip: GULF BREEZE, FL 32562

Title: D      ( ) Delete  
Name: ROBINSON, JOE  
Address: 9000 PALAFOX HWY, #29  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE ROBINSON

PD

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date