

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 06, 2005
Secretary of State**

DOCUMENT# N02000007331

Entity Name: RAVENS' WINGS, INCORPORATED

Current Principal Place of Business:

8431 CORPORATE WAY
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8431 CORPORATE WAY
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 65-1169989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAFFREY, JANINE W
3428 ELLINGTON WAY
NEW PORT RICHEY, FL 34655 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAFFREY, JANINE E
Address: 3428 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change () Addition
Name: CAFFREY, JANINE W
Address: 3428 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: BRADY, BRAD
Address: 1506 FLATWOOD COURT
City-St-Zip: TRINITY, FL 34655

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

Title: P () Delete
Name: CAFFREY, DREW
Address: 3428 ELLINGTON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANINE W. CAFFREY

D

09/06/2005

Electronic Signature of Signing Officer or Director

_____ Date