

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007331

FILED  
Feb 27, 2007  
Secretary of State

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 ( )

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

CAFFREY, JANINE W  
8431 CORPORATE WAY  
NEW PORT RICHEY, FL 34653      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: MS.      ( ) Delete  
Name: STUEBS, DEBRA  
Address: 198 CYPRESS TRACE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MS.      ( ) Delete  
Name: JANOSKE, STACY  
Address: 1425 CLEARGLADES DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MS.      ( ) Delete  
Name: EKBLAD, AMANDA  
Address: 8350 CESSNA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MS.      ( ) Delete  
Name: VALDERRAMA, MARY  
Address: 4341 FOXBORO  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.      ( ) Delete  
Name: CAFFREY, JANINE  
Address: 8431 CORPORATE WAY  
City-St-Zip: NEW PORT RICHEY, FL 34653

**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: MS.      (X) Change ( ) Addition  
Name: VALDERRAMA, MARY  
Address: 7834 TRAIL RUN LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

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 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: MARY VALDERRAMA

MS.

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date