2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000006811

Entity Name: WINGS OF SHELTER INT'L, INC.

Current Principal Place of Business:

4109 OLDE MEADOWBROOK LN.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

21301 S TAMIAMI TRAIL, STE 320, PMB 335
ESTERO, FL 33928

New Mailing Address:

21301 S TAMIAMI TRAIL
STE 320, PMB 335
ESTERO, FL 33928

FEI Number: 26-3441610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SENITZ, SALLY C
4109 OLDE MEADOWBROOK LN
BONITA SPRINGS, FL 34134 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:	PST	( ) Delete
Name:	SENITZ, LOWELL J	
Address:	4109 OLDE MEADOWBROOK LN.	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	VP	( ) Delete
Name:	SENITZ, SALLY C	
Address:	4109 OLDE MEADOWBROOK LN.	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	STEPHENSON, DOUG	
Address:	19642 VILLA ROSA LOOP	
City-St-Zip:	FORT MYERS, FL 33967	
Title:	D	( ) Delete
Name:	STEPHENSON, SALLY	
Address:	19642 VILLA ROSA LOOP	
City-St-Zip:	FORT MYERS, FL 33967	
Title:	D	( ) Delete
Name:	SENITZ, MARK J	
Address:	2803 SEQUOIA LN	
City-St-Zip:	WYLIE, TX 75098	
Title:	D	( ) Delete
Name:	SENITZ, MELISHA	
Address:	2803 SEQUOIA LN	
City-St-Zip:	WYLIE, TX 75098	

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:	
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: LOWELL J SENITZ PST 04/22/2009

Electronic Signature of Signing Officer or Director — Date