


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000670 1. Entity Name SILVER WINGS FRATERNITY PALM BEACH CHAPTER, INC.	
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Principal Place of Business 132 S ANCHORAGE DR NORTH PALM BEACH FL 33408	Mailing Address 132 S ANCHORAGE DR NORTH PALM BEACH FL 33408
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0889030
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
MOONEY, JOHN 132 S. ANCHORAGE DRIVE NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	DAVIS, JUNE	
STREET ADDRESS	250 VIA BELLARIA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHOOLEY, CHUCK	
STREET ADDRESS	7572 HAWKS LANDING DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOONEY, JOHN	
STREET ADDRESS	132 S ANCHORAGE DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARERRO-ZIEL, MYRIAM	
STREET ADDRESS	4386 GARDENIA	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUHOT, DICK	
STREET ADDRESS	2633 LANTANA ROAD #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000508487		
NAME	04/28/06-80006-020 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John P. Mooney ST 1 MAY 2006 561-863-7512