2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723949

Entity Name: WING SOUTH, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4310 SKYWAY DRIVE NAPLES, FL 34113 US

Current Mailing Address: New Mailing Address:

4985 E TAMIAMI TRAIL

NAPLES, FL 34113 US

COLLIER FINANCIAL, INC.

4985 TAMIAMI TRAIL E.

NAPLES, FL 34113 US

FEI Number: 59-2528568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, STEVE HART, STEPHEN P
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US NAPLES, FL 34113 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: STEPHEN P. HART 04/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

NAPLES, FL 34112

() Change () Addition () Delete BOLTON, PETER Name: Name: 3409 SKYWAY DR Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition HOLDER, STEVEN Name: LEROY, TOM Name: Address: 4096 SKYWAY DR. Address: 3965 SKYWAY DR City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: TD (X) Change () Addition EDMANSON, TRACY Name: FAY, JON Name: 3904 SKYWAY DR. Address: Address: 4144 SKYWAY DR City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 (X) Change () Addition Title: DT () Delete Title: DAT Name: KASER, JAMES Name: KASER, JAMES 4119 SKYWAY DRIVE Address: Address: 4119 SKYWAY DRIVE City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: ATD () Delete Title: (X) Change () Addition HART, STEVE FAY, CATHERINE Name: Name: 4985 E TAMIAMI TRAIL 4144 SKYWAY DRIVE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: () Change (X) Addition MURRAY, DAN Name: Name: Address: Address: 3976 SKYWAY DR

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.

City-St-Zip:

SIGNATURE: PETER BOLTON PD 04/20/2007