


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-01-2008 90192 040 ****61.25

DOCUMENT # F07000003313
 1. Entity Name
WINGS OF ANGELS, INC.



Principal Place of Business Mailing Address
10100 HILLVIEW DR. #11A **10100 HILLVIEW DR. #11A**
PENSACOLA, FL 32514 **PENSACOLA, FL 32514**

DO NOT WRITE IN THIS SPACE

66012144



03072008 No Chg-NP CR2E037 (4/08)

4. FEI Number Applied For
58-1945766 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUICE, WILLIAM R
10100 HILLVIEW DR. #11A
PENSACOLA, FL 32514

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURDETTE, ERNEST LINWOOD DR.
STREET ADDRESS	1201 E SECOND ST.
CITY-ST-ZIP	PASS CHRISTIAN, MS 39571
TITLE	D
NAME	COLBY, CHRISTOPHER REV
STREET ADDRESS	PO BOX 458
CITY-ST-ZIP	PASS CHRISTIAN, MS 39571
TITLE	D
NAME	MCDOWELL-FLEMING, DAVID REV
STREET ADDRESS	3560 BRIARCLIFF DR
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	DUNCAN, PHILIP M II
STREET ADDRESS	PO BOX 13330
CITY-ST-ZIP	PENSACOLA, FL 325913330
TITLE	P
NAME	BUICE, WILLIAM R REV. DR
STREET ADDRESS	10100 HILLVIEW DR. #11A
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	VPS
NAME	SKEELE, DONALD
STREET ADDRESS	7855 LAKESIDE DR
CITY-ST-ZIP	PENSACOLA, FL 32563

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fees empowered.

SIGNATURE: Donald Skeele 05/24/08 850-626-4946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #