

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85219

Entity Name: C-WINGS, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

% GREGOERY W. CUBBAGE
32720 ECHO DRIVE
LEESBURG, FL 34788

Current Mailing Address:

% GREGOERY W. CUBBAGE
32720 ECHO DRIVE
LEESBURG, FL 34788

FEI Number: 59-0718766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

C-WINGS, INC., % GREGOERY W. CUBBAGE
32720 ECHO DRIVE
LEESBURG, FL 34788

New Mailing Address:

C-WINGS, INC., % GREGOERY W. CUBBAGE
32720 ECHO DRIVE
LEESBURG, FL 34788

Name and Address of Current Registered Agent:

CUBBAGE, GREGORY W.
32720 ECHO DRIVE
LEESBURG, FL 34788 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CUBBAGE, GREGORY W.,
Address: 32720 ECHO DRIVE
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: CUBBAGE, GREGORY W.,
Address: 32720 ECHO DRIVE
City-St-Zip: LEESBURG, FL 34788

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY W. CUBBAGE

PTSD

01/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date