


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90471 025 \*\*\*150.00

**DOCUMENT # K71512**

1. Entity Name  
**FRANKIE'S WINGS AND THINGS, INC.**



Principal Place of Business  
**C/O FRANK CALABRESE  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL, FL 32920**

Mailing Address  
**C/O FRANK CALABRESE  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL, FL 32920**

2. Principal Place of Business  
**1465 SYKES CREEK DR.**

3. Mailing Address  
**1465 SYKES CREEK DR**

Suite, Apt. #, etc.

City & State  
**MERRITT ISLAND, FL**

City & State  
**MERRITT ISLAND, FL**

Zip  
**32953**

Country  
**USA**



04232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**CALABRESE, FRANK  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL, FL 32920**

7. Name and Address of New Registered Agent

Name  
**ELLEN FLUGEL**

Street Address (P.O. Box Number is Not Acceptable)  
**1465 SYKES CREEK DRIVE**

City  
**MERRITT ISLAND** **FL** Zip Code  
**32953**

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 Ellen Flugel **ELLEN FLUGEL SECRETARY/TREASURER** **4/24/06**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALABRESE, FRANK 540 PARKSIDE AVENUE MERRITT ISLAND, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALABRESE, MARYELLEN 540 PARKSIDE AVENUE MERRITT ISLAND, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, MARY CALABRESE 530 PARKSIDE AVENUE MERRITT ISLAND, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLUGEL, BRIAN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLUGEL, ELLEN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MARY 3571 TIPPERARY DRIVE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, MARY CALABRESE 3571 TIPPERARY DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Ellen Flugel **Ellen Flugel** **4/24/06** **321-452-1520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #