2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000034156

Entity Name: EAGLES WINGS, LLC

Current Principal Place of Business:

5250 N. OCEAN DR.
4N
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

5250 N. OCEAN DR.
4N
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: 20-0211243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARTHA P
5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, MARTHA P
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: MGR ( ) Delete
Name: SMITH, W.KEN
Address: 5250 N. OCEAN DR. #4N
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: SMITH, MARTHA P
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: VP (X) Change ( ) Addition
Name: SMITH, W.KEN
Address: 5250 N. OCEAN DR. #4N
City-St-Zip: SINGER ISLAND, FL 33404 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTHA P. SMITH PRES 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date