

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78014

FILED
Apr 27, 2009
Secretary of State

Entity Name: WINGS OF EAGLES, INC.

Current Principal Place of Business:

970 LOGGERHEAD ISLAND DR.
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

970 LOGGERHEAD ISLAND DR.
SATELLITE BEACH, FL 32937 US

New Mailing Address:

PO BOX 372549
SATELLITE BEACH, FL 32937 US

FEI Number: 65-0247243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCKMHOR, BERT
970 LONGER HUST ISL. DR.
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

SCHMIDT, BERT
970 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937 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: BERT SCHMIDT

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, BERT
Address: 970 LOGGER HEAD ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V () Delete
Name: SCHMIDT, NORBERT O
Address: 970 LOGGER HEAD ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ST () Delete
Name: SCHMIDT, DONNA
Address: 970 LOGGER HEAD ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T () Delete
Name: SCHMIDT-SULLIVAN, CAROL
Address: 858 LOGGER HEAD ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERT SCHMIDT

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date