2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N02000006526

Entity Name: F.C.T. BROKEN WINGS, INC.

Current Principal Place of Business:

201 NE 33RD STREET
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

219 NE 33RD STREET
D
OAKLAND PARK, FL 33334

Current Mailing Address:

P.O. BOX 9367
OAKLAND PARK, FL 33310

New Mailing Address:

219 NE 33RD STREET
D
OAKLAND PARK, FL 33334

FEI Number: 14-1848130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FABIO, HERBERT
9010 SW 137 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

UPSHAW, KAREN
219 NE 33RD STREET
D
OAKLAND PARK, FL 33334 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: KAREN W. UPSHAW 05/04/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALVIN, EMOGENE W
Address: 201 NE 33RD ST.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete
Name: UPSHAW, KAREN W
Address: 201 NE 33RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete
Name: WASHINGTON, LESLIE
Address: 201 NE 33RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALVIN, EMOGENE W
Address: 219 NE 33RD ST.
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D (X) Change ( ) Addition
Name: UPSHAW, KAREN W
Address: 219 NE 33RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: AD (X) Change ( ) Addition
Name: WASHINGTON, LESLIE
Address: 219 NE 33RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

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

SIGNATURE: KAREN W UPSHAW D 05/04/2007
Electronic Signature of Signing Officer or Director Date