

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006526

FILED  
Apr 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

11477 NW 39 CT  
106  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9367  
FORT LAUDERDALE, FL 33310 US

**New Mailing Address:**

FEI Number: 14-1848130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

UPSHAW, KAREN  
11477 NW 39 CT  
106  
CORAL SPRINGS, FL 33065 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALVIN, EMOGENE W  
Address: 11477 NW 39 CT #106  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: AD  
Name: UPSHAW, KAREN W  
Address: 11477 NW 39 CT #106  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T  
Name: RAINNER, CRYSTAL  
Address: 11477 NW 39 CT #106  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: KAREN W UPSHAW

AD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date