

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007331

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** RAVENS' WINGS, INCORPORATED

**Current Principal Place of Business:**

8431 CORPORATE WAY  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

8431 CORPORATE WAY  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 65-1169989      **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:**

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

CAFFREY, JANINE W  
3428 ELLINGTON WAY  
NEW PORT RICHEY, FL 34655      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAFFREY, JANINE E  
Address: 3428 ELLINGTON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete  
Name: BRADY, BRAD  
Address: 1506 FLATWOOD COURT  
City-St-Zip: TRINITY, FL 34655

Title: P ( ) Delete  
Name: CAFFREY, DREW  
Address: 3428 ELLINGTON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CAFFREY, JANINE W  
Address: 3428 ELLINGTON WAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

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 for the exemption stated in Section 119.07(3)(i), 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: JANINE W. CAFFREY

D

09/06/2005

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

\_\_\_\_\_  
Date