

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007331

FILED
Feb 27, 2007
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 ()

Name and Address of Current Registered Agent:

CAFFREY, JANINE W
8431 CORPORATE WAY
NEW PORT RICHEY, FL 34653 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: MS. () Delete
Name: STUEBS, DEBRA
Address: 198 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MS. () Delete
Name: JANOSKE, STACY
Address: 1425 CLEARGLADES DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MS. () Delete
Name: EKBLAD, AMANDA
Address: 8350 CESSNA DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MS. () Delete
Name: VALDERRAMA, MARY
Address: 4341 FOXBORO
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR. () Delete
Name: CAFFREY, JANINE
Address: 8431 CORPORATE WAY
City-St-Zip: NEW PORT RICHEY, FL 34653

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: MS. (X) Change () Addition
Name: VALDERRAMA, MARY
Address: 7834 TRAIL RUN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

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 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: MARY VALDERRAMA

MS.

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date