2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N02000007527

Entity Name: WINGS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

676 110 AVE N
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

676 110 AVE N
NAPLES, FL 34108

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNNE, ERICA
676 110 AVE N
NAPLES, FL 34108 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 ( ) Delete
Name: FAY, DR. HENRY
Address: 632 98 AVE N
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete
Name: FENNELL, THOMAS D.B.
Address: 52 FENNY BOSK TRAIL
City-St-Zip: VENUS, FL 339602155

Title: D ( ) Delete
Name: WEBBER, MARILYN RN
Address: 335 NAUTILUS CT
City-St-Zip: FT MYERS, FL 33908

Title: D ( ) Delete
Name: WERLER, CHRISTOPHER
Address: 48 FOREST ST #107
City-St-Zip: MEDFORD, MA 02115

Title: D (X) Delete
Name: LYNNE, ERICA PHD
Address: 676 110 AVE N
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LYNNE, ERICA PH.D
Address: 676 110TH AVE. N
City-St-Zip: NAPLES, FL 34108

Title: P (X) Change ( ) Addition
Name: FENNELL, THOMAS D MD
Address: 52 FENNY BOSK TRAIL
City-St-Zip: VENUS, FL 339602155

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

Title: D (X) Change ( ) Addition
Name: WERLER, CHRISTOPHER
Address: 40 KENDRICK PL
City-St-Zip: AMHERST, MA 01002

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: ERICA LYNNE D 01/30/2006

Electronic Signature of Signing Officer or Director — Date