2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N03000003608

Entity Name: WINGS FOUNDATION, INC.

Current Principal Place of Business:

2700 LANTERN LANE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2700 LANTERN LANE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 54-2108633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CURTIS CASSNER, PA
2664 AIRPORT PULLING RD., S
COURTVIEW BUILDING
NAPLES, FL 34112 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: PSD ( ) Delete
Name: MALONE, PAULA J
Address: 2700 LANTERN LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MALONE, CHRISTINE A
Address: 2700 LANTERN LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MALONE, STEPHEN L
Address: 2700 LANTERN LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: STRODE, EMILY E
Address: 2700 LANTERN LANE
City-St-Zip: NAPLES, FL 34102

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

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: PAULA J. MALONE DR. 01/18/2008

Electronic Signature of Signing Officer or Director — Date