2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# N03000005882

Entity Name: WINGED FEET SERVICES, INC.

Current Principal Place of Business:

22491 VISTAWOOD WAY
BOCA RATON, FL 334285576

New Principal Place of Business:

Current Mailing Address:

22491 VISTAWOOD WAY
BOCA RATON, FL 334285576

New Mailing Address:

FEI Number: 20-0789407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CHAMBERS, JOHN
22491 VISTAWOOD WAY
BOCA RATON, FL 334285576 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: P ( ) Delete
Name: CHAMBERS, JOSHUA
Address: 22491 VISTAWOOD WAY
City-St-Zip: BOCA RATON, FL 334285576

Title: S ( ) Delete
Name: SMITH, MARK
Address: ROUTE 1 BOX 91
City-St-Zip: CREOLA, OH 456229727

Title: T ( ) Delete
Name: CHAMBERS, JOHN
Address: 22491 VISTAWOOD WAY
City-St-Zip: BOCA RATON, FL 334285576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: TORRES, CARISA
Address: 168 LONG ACRES RD.
City-St-Zip: BLAIN, TN 37709

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: JOSHUA M. CHAMBERS P 07/18/2005

Electronic Signature of Signing Officer or Director — Date