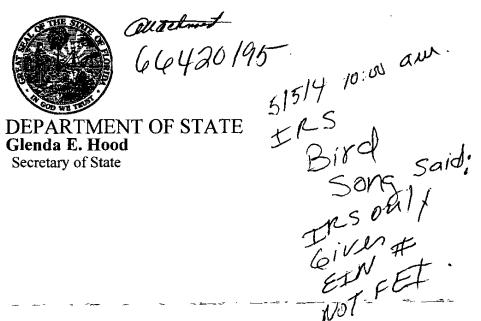
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 07, 2004 8:00 am وَ وَرَبِي وَمِنْ الْمِيرِيدِ عِنْ إِنَّ الْمِيرِيدِ عِنْ إِنَّا الْمِيرِيدِ عِنْ إِنَّا الْمِيرِيدِ **DOCUMENT # N03000006032** Secretary of State 8WINGS4G_D, CORP. 04-21-2004 90028 023 ****61.25 Principal Place of Business Mailing Address 8448 LITTLELEAF CT 8448 LITTLELEAF CT ORLANDO, FL 32835 ORLANDO, FL 32835 66420195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) 4. FEI Number 80-007 Applied For City & State City & State EIN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERDOMO, ALEX C MD Street Address (P.O. Box Number is Not Acceptable) 8448 LITTLELEAF CT ORLANDO, FL 32835 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. DATE 9. Election Campaign Financing 1 to \$5.00 May Be id Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS 1 4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Oelete TITLE ☐ Addition TITLE ☐ Change PERDOMO, ALEX C NAME NAME --- / STREET ADDRESS 8448 LITTLELEAF CT STREET ADDRESS CTIY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TD TITLE ☐ Delete ☐ Change ☐ Addition PERDOMO, GEORGINA C NAME NAME STREET ADDRESS 8448 LITTLELEAF CT STREET ADDRESS ORLANDO, FL 32835 CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Addition Change PERDOMO, GABRIEL NAME NAME STREET ADDRESS 8448 LITTLELEAF CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE Delete Change ___ Addition -ROY, GABRIEL P NAME NAME STREET ADDRESS 8448 LITTLELEAF CT STREET ADDRESS ORLANDO, FL 32835 CHY-ST-7E CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition -2* PERDOMO, DAWN NAME STREET ADDRESS. 8448 LITTLELEAF CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ROY ROBERT-NAME NAME STREET ADDRESS 8448 LITTLELEAF CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to publify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information and that my signature small have the same legal effect as if made under oath; that I am an officer or director this report as a quired by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add SIGNATURE:

FILED



MENT OF STATE FLORIDA DEPART Glenda E. Hood

Secretary of State

April 28, 2004

8WINGS4G D, CORP. 8448 LITTLELEAF CT ORLANDO, FL 32835

Subject: 8WINGS4G_D, CORP.

Reference Number: A

N03000006032

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MW ANNUAL REPORTS SECTION