

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006032

FILED
Jul 16, 2007
Secretary of State

Entity Name: 8WINGS4G_D, CORP.

Current Principal Place of Business:

8448 LITTLELEAF CT
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8448 LITTLELEAF CT
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 80-0071897 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:

Name and Address of New Registered Agent:

PERDOMO, ALEX C MD
8448 LITTLELEAF CT
ORLANDO, FL 32835 US

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: PD () Delete
Name: PERDOMO, ALEX C
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: PERDOMO, GEORGINA C
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: PERDOMO, GABRIEL
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: ROY, GABRIEL P
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: PERDOMO, DAWN
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: ROY, ROBERT
Address: 8448 LITTLELEAF CT
City-St-Zip: ORLANDO, FL 32835

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:

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: ALEX PERDOMO MD

PD

07/16/2007

Electronic Signature of Signing Officer or Director

_____ Date