

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005603

FILED
Apr 27, 2005
Secretary of State

Entity Name: IN THE SHADOW OF HIS WINGS, INC.

Current Principal Place of Business:

24033 STATE RD 46
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

24033 STATE RD 46
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 20-1186911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAFF, BEVERLY A
24033 STATE RD 46
SORRENTO, FL 32776 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: PD () Delete
Name: PAFF, BEVERLY A
Address: 24033 STATE RD 46
City-St-Zip: SORRENTO, FL 32776

Title: VPD () Delete
Name: PICERNE, GWENN
Address: 24033 STATE RD 46
City-St-Zip: SORRENTO, FL 32776

Title: SD () Delete
Name: NIGHTINGALE, CYDRA
Address: 24033 STATE RD 46
City-St-Zip: SORRENTO, FL 32776

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:

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: BEVERLY PAFF

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date