

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N04000005603

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 ( )  
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:**

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 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: BEVERLY PAFF

Electronic Signature of Signing Officer or Director

OWNE

05/01/2009

\_\_\_\_\_ Date