

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002044

FILED
Apr 21, 2008
Secretary of State

Entity Name: MEGAN'S ANGEL WINGS, INC.

Current Principal Place of Business:

% BRIGID SOLDAVINI
5455 JAEGER RD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990847
NAPLES, FL 34116

New Mailing Address:

FEI Number: 20-2528547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLDAVINI, BRIGID D CPA
5455 JAEGER RD
NAPLES, FL 34109 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: PT () Delete
Name: BARRENECHE, RODOLFO
Address: P.O. BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: VPS () Delete
Name: BARRENECHE, MARGARITA
Address: P.O. BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARRENECHE, MARGARET M
Address: P.O. BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Change () Addition
Name: BARRENECHE, RODOLFO J
Address: P.O. BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: SEC () Change (X) Addition
Name: BARRENECHE, MARGARITA M
Address: PO BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: TREA () Change (X) Addition
Name: BARRENECHE, MARGARITA M
Address: PO BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: BOD () Change (X) Addition
Name: MURCIANO, LEONOR
Address: 12732 S.W. 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: BOD () Change (X) Addition
Name: FERNANDEZ, AMPARO A
Address: 5340 S.W. 82 AVENUE
City-St-Zip: MIAMI, FL 33155

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: MARGARITA BARRENECHE

SEC

04/21/2008

Electronic Signature of Signing Officer or Director

Date