

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004357

FILED
Apr 29, 2008
Secretary of State

Entity Name: MERCY WINGS, INC.

Current Principal Place of Business:

2104 LAINDALE PLACE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 428
VALRICO, FL 33594 US

New Mailing Address:

P.O. BOX 428
VALRICO, FL 33595 US

FEI Number: 43-2079487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DONALD J
2104 LAINDALE PLACE
VALRICO, FL 33594 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: D () Delete
Name: SMITH, DONALD J
Address: 2104 LAINDALE PLACE
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: LANGSTON, LAWRENCE
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

Title: D () Delete
Name: HENRY, ERIK
Address: 1003 KENTUCKY AVENUE
City-St-Zip: TAMPA, FL 33606

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: DONALD J. SMITH

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date