



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000006260</b> 1. Entity Name <b>WINGS OF LOVE AND HOPE, INC.</b>			
Principal Place of Business <b>830 CALIFORNIA WOODS CIR ORLANDO, FL 32824</b>		Mailing Address <b>830 CALIFORNIA WOODS CIR ORLANDO, FL 32824</b>	
			
		01302008 No Chg-NP      CR2E037 (4/06)	
4. FEI Number <b>20-3510752</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>MARTINEZ, EDWARD 830 CALIFORNIA WOODS CIR ORLANDO, FL 32824</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE <b>02/07/08-80006-022 61.25</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PT		
NAME	MARTINEZ, EDWARD		
STREET ADDRESS	830 CALIFORNIA WOODS CIR		
CITY-ST-ZIP	ORLANDO, FL 32824		
TITLE	ST		
NAME	MARTINEZ, KELLY		
STREET ADDRESS	830 CALIFORNIA WOODS CIR		
CITY-ST-ZIP	ORLANDO, FL 32824		
TITLE	VD		
NAME	MARTINEZ, RAQUEL		
STREET ADDRESS	830 CALIFORNIA WOODS CIR		
CITY-ST-ZIP	ORLANDO, FL 32824		
TITLE	M		
NAME	ROJAS, RAMON		
STREET ADDRESS	830 CALIFORNIA WOODS CIR		
CITY-ST-ZIP	ORLANDO, FL 32824		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Raque Martinez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-29-08      407-733-2444 <small>Date      Daytime Phone #</small>	