2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006260

Entity Name: WINGS OF LOVE AND HOPE, INC.

FILED Apr 17, 2009 Secretary of State

830 CALIFORNIA WOODS CIR 6115 WINEGARD ROAD ORLANDO, FL 32824 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

830 CALIFORNIA WOODS CIR 6115 WINEGARD ROAD ORLANDO, FL 32824 ORLANDO, FL 32809

FEI Number: 20-3510752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, EDWARD
830 CALIFORNIA WOODS CIR
0RLANDO, FL 32824 US

MARTINEZ, EDWARD
1527 ANTIGUA BAY DR.
0RLANDO, FL 32824 US

ORLANDO, FL 32824 US

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: 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT () Delete
 Title:
 PT (X) Change () Addition

 Name:
 MARTINEZ, EDWARD
 Name:
 MARTINEZ, EDWARD REV.

 Address:
 830 CALIFORNIA WOODS CIR
 Address:
 6115 WINEGARD RD.

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32809

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 MARTINEZ, KELLY
 Name:
 MARTINEZ, ESTHER R

 Address:
 830 CALIFORNIA WOODS CIR
 Address:
 6115 WINEGARD RD.

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32809

Title: VD () Delete Title: VD (X) Change () Addition Name: MARTINEZ, RAQUEL VD (X) Change () Addition Name: MARTINEZ, RAQUEL

Address: 830 CALIFORNIA WOODS CIR Address: 1527 ANTIGUA BAY DR. City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824

Title: M () Delete Title: () Change () Addition

 Name:
 ROJAS, RAMON
 Name:

 Address:
 830 CALIFORNIA WOODS CIR
 Address:

 City-St-Zip:
 ORLANDO, FL 32824
 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: EDWARD MARTINEZ REV. 04/17/2009