2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N06000011148

Entity Name: LUPUS WINGS NETWORK INC.

Current Principal Place of Business:

574 SW LUCERO DRIVE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880804
PORT SAINT LUCIE, FL 349880804

New Mailing Address:

FEI Number: 42-1714748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGTALAS, CRISTINA
574 SW LUCERO DRIVE
PORT SAINT LUCIE, FL 34983 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: P ( ) Delete
Name: MAGTALAS, RONALD M
Address: 574 SW LUCERO DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete
Name: MAGTALAS, CRISTINA M
Address: 574 SW LUCERO DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SEC ( ) Delete
Name: BROWER, REBECCA
Address: 537 NW LINCOLN AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TREA ( ) Delete
Name: MAMUYAC, JUSTINA H
Address: 1280 SW AVENS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAGTALAS, RONALD M
Address: PO BOX 880804
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: VP (X) Change ( ) Addition
Name: MAGTALAS, CRISTINA M
Address: PO BOX 880804
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: SEC (X) Change ( ) Addition
Name: COLEMAN, CHRISTIAN
Address: P.O. BOX 880804
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: TREA (X) Change ( ) Addition
Name: GREEN, MARVA
Address: PO BOX 880804
City-St-Zip: PORT SAINT LUCIE, FL 34988

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: CRISTINA MAGTALAS VP 04/18/2008

Electronic Signature of Signing Officer or Director — Date