

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011148

FILED
May 15, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PO BOX 880804
City-St-Zip: PORT SAINT LUCIE, FL 34988

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

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

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

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:

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: RONALD MAGTALAS

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date