

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003400

FILED
May 16, 2008
Secretary of State

Entity Name: ON THE WINGS OF LOVE, INC.

Current Principal Place of Business:

7900-20 103 RD. ST., SUITE 70
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

7900-20 103 RD. ST., SUITE 70
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-8642472 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:

Name and Address of New Registered Agent:

BROWN, ANTHONY S
7900-20 103 RD. ST., SUITE 70
JACKSONVILLE, FL 32210 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, ANTHONY S
Address: 6429 SIERRA DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: BROWN, CYNTHIA D
Address: 6429 SIERRA DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: DEXTER, RICHARD
Address: 7018 BERNAY AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: BARKER, MARTY
Address: 3477 WHITE WING RD
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HEWITT, RICK
Address: 8208 COLLINS RD
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: ANTHONY SCOTT BROWN

PRES

05/16/2008

Electronic Signature of Signing Officer or Director

Date