

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 29, 2008
Secretary of State

DOCUMENT# N07000011238

Entity Name: WINGS FOR THE SINGLE MOM, CORP.**Current Principal Place of Business:**7230 NW MIAMI CT, SUITE #5
MIAMI, FL 33150**New Principal Place of Business:****Current Mailing Address:**12517 SW 124 CT
MIAMI, FL 33186**New Mailing Address:****FEI Number:** 26-1449405**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GRANDA AND ASSOCIATES, P.A.
6885 S.W. 58TH PLACE
SOUTH MIAMI, FL 33143 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:** D () Delete
Name: SANTI, MARIA T
Address: 12517 SW 124 CT
City-St-Zip: MIAMI, FL 33186**Title:** D () Delete
Name: CAPO-PENA, MELISSA
Address: 4754 SW 72 AVENUE
City-St-Zip: MIAMI, FL 33155**Title:** ED () Delete
Name: BROWNE, WINIFRED
Address: 312 NE 55 TERRACE
City-St-Zip: MIAMI, FL 33137**Title:** D (X) Delete
Name: PERREAULT, MARK
Address: 185 SE 14TH TERRACE, #2202
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: PERREAULT, MARK
Address: 185 SE 14TH TERRACE, #2202
City-St-Zip: MIAMI, FL 33131**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: MARIA T. SANTI

D

05/29/2008

Electronic Signature of Signing Officer or Director_____
Date