## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007478

SHERMAN, LATONYA

OCOEE, FL 34761

1138 VIZCAYA LAKE RD

Name:

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

Entity Nan	ne: MENDIN	G WINGS INC.			
Current Pr	incipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
1138 VIZCA APT. 104 OCOEE, FI	AYA LAKE RC L 34761	)			
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
1138 VIZCA APT. 104 OCOEE, FI	AYA LAKE RC L 34761	)			
FEI Number:	61-1569635	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHERMAN, LATONYA MPA 1138 VIZCAYA LAKE RD APT 104 OCOEE, FL 34761 US			1138 VIZCÁYA LAKE R APT 104	SHERMAN, LATONYA T MPA, 1138 VIZCAYA LAKE RD APT 104 OCOEE, FL 34761 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LATONYA SHERMAN				04/02/2009	
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LITTLE, JOHN	LAKE RD, APT 104	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCLENDAN, M	LAKE RD, APT 104	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DANIEL, JEAN	LAKE RD, APT 104	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	EXD (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LATONYA SHERMAN EXD 04/02/2009