2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004463

FILED Mar 18, 2009 Secretary of State

Entity Name: WINGS OF EAGLES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 250 VAN FLEET DR 8201 TOMKOW RD BARTOW, FL 33830 US LAKELAND, FL 33809 US **Current Mailing Address: New Mailing Address:** P.O. BOX 8756 P.O. BOX 92824 LAKELAND, FL 338068756 US LAKELAND, FL 338042824 US FEI Number: 59-3268868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEINER, DONALD D 520 SHALISA BLVD AUBURNDALE, FL 33823 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ONTIVEROS, MICHAELINE D MUNDY, KEN D DR Name: Name: 80 ALPINE DR Address: 111 LAKE HOLLINGSWORTH DR. Address: City-St-Zip: LATHAM, NY 12110 US City-St-Zip: LAKELAND, FL 33802 US Title: () Delete Title: (X) Change () Addition Name: DONALD, STEINER A Name: DONALD, STEINER A Address: P.O. BOX 2336 Address: P.O. BOX 92749 City-St-Zip: LAKELAND, FL 33806 US City-St-Zip: LAKELAND, FL 33809 US Title: () Delete Title: () Change () Addition LYKES, PHILIP D Name: Name: 1022 SUGAR TREE LANE N Address: Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: Title: () Delete Title: () Change () Addition CUASCUT-REYES, AIDA D DR Name: Name: 1207 BLOOM HILL AVE Address: Address: City-St-Zip: VALRICO, FL 33594 US City-St-Zip: Title: (X) Delete Title: () Change () Addition ONTIVEROS, LARRY D Name: Name: 80 ALPINE DR Address: Address: City-St-Zip: LATHAM, NY 12110 City-St-Zip: Title: () Delete Title: () Change () Addition BELCHER, JAMES D Name: Name: Address: 2207 PAR MEADOWS LN Address: PLANT CITY, FL 33566 City-St-Zip: 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: DON STEINER P 03/18/2009