## 2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name

WINGS OF VICTORY INTERNATIONAL, INC.

DOCUMENT # N94000004952



**FILED** Jan 27, 2006 08:00 AN Secretary of State

CR2E037 (11/05)

Principal Place of Business

7831 10TH AVE., SOUTH ST. PETERSBURG, FL 33707 Mailing Address

7831 10TH AVE., SOUTH ST. PETERSBURG, FL 33707



01232006 No Chg-NP DO NOT WRITE IN THIS SPACE

4. FEi Number Applied For 59-3272560 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

RAGLAND, GEORGE E

## DO NOT WRITE

ITTLE	ST. PETERSBURG, FL 33707			IN THIS SPACE		
Filing Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11ITE PD RAGILAND, GEORGE E SIRET ADDRESS TRUST FUND FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE POPULATION OF TH			ourpose of changing its registered office	or registered agent, or both.	in the State of Florida. I am familiar with, and accept	
Due by May 1, 2006  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  IITLE PD RAGLAND, GEORGE E 7831 10TH AVE. SOUTH CITY-ST-ZIP TITLE VSTD RAGLAND, BARBARA T 7831 10TH AVE., SOUTH STREET ADDRESS	SIGNATURE_	Signature Typed or printed name of registered agent and bile	if applicable (NOTE Registered Agent sig	nature required when reinstating)	DATE	
ITILE			· · ·			
NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME	TITLE NAME STREET ADDRESS	PD RAGLAND, GEORGE E 7831 10TH AVE. SOUTH	CTORS	<del>-</del> -		
NAME STREET ADDRESS CITY-ST-ZIP THEE NAME NAME NAME THEE NAME NAME NAME	NAME. STREET ADDRESS	RAGLAND, BARBARA T 7831 10TH AVE., SOUTH			02/06/06-80016-023 61.25	
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	DANIELL, T. EVAN 3467 E. RIVERSIDE DRIVE		DO I	NOT WRITE	
NAME STREET ADDRESS CITY - ST - ZIP THLE NAME	NAME STREET ADDRESS			IN T	HIS SPACE	
NAME	NAME STREET ADDRESS					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY+ST-ZIP					

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.