2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003622

Entity Name: WINGS OF MORNING, INC.

Apr 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6452 QUAIL HOLLOW RD WESLEY CHAPEL, FL 33544

Current Mailing Address: New Mailing Address:

P.O. BOX 7290 P.O. BOX 7290

US

WESLEY CHAPEL, FL 33544 US WESLEY CHAPEL, FL 33543 US

FEI Number: 59-3396147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINES, JAMES PESQ HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVE. TAMPA, FL 33606 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PARKER, JAMES B Name: BURTON, WALTER T Name: 890 FANIUK WOOD CT. Address: 6452 QUAIL HOLLOW BLVD. Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DV Title: (X) Change () Addition () Delete

PETERSON, ROBERT Name: BURTON, FERRAL G Name: Address: P.O. BOX 807 Address: 6452 QUAIL HOLLOW BLVD. City-St-Zip: BARREGO SPRINGS, CA 92004 City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DV () Delete Title: (X) Change () Addition

RAO, BALA RAO, BALA K Name: Name: 4301 GAINSBORO CT. 4301 GAINSBORO CT. Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

(X) Change () Addition Title: () Delete Title:

STILES, SHELLEY Name: Name: WILLIS, LEARY 15 N. UMBER PT. Address: 1711 FORREST CROSSING CIR Address:

City-St-Zip: FRANSDKLIN, TN 37064 City-St-Zip: INVERNESS, FL 34450 25

Title: () Delete Title: (X) Change () Addition

FALLEK, HENRY LOVE, THOMAS Name: Name: 3207 MAGNOLIA RIDGE RD. 5827 LASALLE AVE. Address: Address: City-St-Zip: ANNAPOLIS, MD 21403 City-St-Zip: OAKLAND, CA 94611

Title: () Delete Title: () Change () Addition

NORMAN, CHRISTOPHER Name: Name: Address: 2905 JAMES MELVIN DR. Address: PLANT CITY, FL 33565 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER T. BURTON PTCD 04/27/2002 PETERSON, ROBERT, VICE PRES. P. O. BOX 807 BARREGO SPRINGS, CA 92004