2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2002 8:00 am Secretary of State DOCUMENT # N9700001998 1. Entity Name GUARDIAN ANGEL WINGS, INC. 04-17-2002 90072 038 ****61.25 Principal Place of Business Mailing Address 380 BOYS RANHC RD H CO1 BOX RBR. HIGHWAY 19 SOUTH PALATKA FL 32177 PALATKA FL 32177 Principal Place of Busines DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3450056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 380 BOYS RANCH RD PALATKA FL 32177 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD (9/01) TITLE Delete TITLE ☐ Addition JOHNSON, KENNETH NAME NAME 380 BOYS RANCH RD STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition WATKINS, STEVE NAME NAME 380 BOYS RANCH RD STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP TITLE ----Delete _ .. [Change] ☐ Addition Warren, Mark NAME NAME 380 BOYS RANCH RD STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Addition ☐ Delete TITLE Change **BRANCH, CARLOS** NAME NAME 380 BOYS RANCH RD STREET ADDRESS STREET ADDRESS Palatka FL 32177 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Lester, Glen NAME NAME 380 BOYS RANCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALATKA FL 32177 CITY-ST-7IP rectox TITLE ☐ Delete TITLE ☐ Change **Addition**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 impowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGUED SIGNATURE AND TOP FOR PRINTING OF SIGNING OFFICER OR DIRECTOR

4/1/02

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