## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005338

Title:

Name:

Address: City-St-Zip:

Entity Name: THE KING'S WINGS, INC.

**FILED** May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 812500 BOCA RATON, FL 33481 **Current Mailing Address: New Mailing Address:** PO BOX 812500 BOCA RATON, FL 33481 FEI Number: 65-0881365 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASE, BRUCE E 10314 DENOEU RD. BOYNTON BEACH, FL 33437 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: () Change () Addition () Delete ROSS, JULIE Name: Name: Address: 1901 SHARON STREET Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: O'DELL, ROBERT K Name: Address: 314 E JEFFERSON ST Address: City-St-Zip: WHEATON, IL 60187 City-St-Zip: Title: () Delete Title: () Change () Addition CARLEN, DANIEL G Name: Name: 680 E CONFERENCE DR Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition Name: CASE, BRUCE E Name: 10314 DENOEU ROAD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAME J TOUT, JR MR 05/01/2006

() Delete

900 E INDIAN TOWN RD STE 301

EATON, TIMOTHTY

JUPITER, FL 33477

() Change () Addition