2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007
Secretary of State

DOCUMENT# N99000001925

Entity Name: WINGS TO NEW HORIZONS, INC.

Current Principal Place of Business:

1800 NORTH HIGHWAY 426
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1800 NORTH HIGHWAY 426
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3572817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

COLEGROVE, RICHARD A JR
101 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: RAUEN, LAURIAN-ANNE
Address: 1800 NORTH HIGHWAY 426
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: SPANKIE, MICHELLE
Address: 200 ST ANDREWS BLVD., #803
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: VIA, CAROL F
Address: 1050 VAN ARSDALE ST.
City-St-Zip: OVIEDO, FL 32771

Title: D ( ) Delete
Name: COLEGROVE, RICHARD A JR
Address: 101 WEST FIRST ST.,SUITE C
City-St-Zip: SANFORD, FL 32771

Title: VSD ( ) Delete
Name: ZYMOWSKI, PATSY
Address: 1753 W. BROADWAY
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LAURIAN RAUEN PD 08/23/2007

Electronic Signature of Signing Officer or Director — Date