

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004883

FILED
Apr 19, 2005
Secretary of State

Entity Name: EAGLE'S WINGS DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

501 NW 1ST AVE .
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

501 NW 1ST AVE .
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0957010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ANTHONY
1005 NW 7TH AVE.
HALLANDALE, FL 33009 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: D () Delete
Name: BROWN, JOSH REV
Address: 501 NW 1ST AVE .
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: EVANS, LYRIS
Address: 5546 W OAKLAND PK BLVD
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: SANDERS, JESSICA
Address: 1005 NW 7TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: BRAYNEN, GAIL
Address: 1033 NW 7TH CT
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: BROWN, JOSH REV
Address: 501 NW 1ST AVE .
City-St-Zip: HALLANDALE, FL 33009

Title: O (X) Change () Addition
Name: EVANS, LYRIS
Address: 5546 W OAKLAND PK BLVD
City-St-Zip: LAUDERHILL, FL 33313

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 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: ANTHONY SANDERS

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date