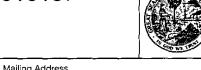
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

P01000016137

1. Entity Name
ON ANGEL WINGS, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90200 050 ***150.00

6630 EMBASS PORT RICHEY	Y BLVD STE B Y FL 34668	6630 EMBASSY BLVD STE B PORT RICHEY FL 34668			}				
2. Principal F	Place of Business	3. Mailing Address					10 61/61 1/66 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State	 -	4.	FEI Number 59-3702209	<u> </u>	pplied For ot Applicable		
Zip	Country	Zip	Zip Count		5. (5. Certificate of Status Desired		ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
BIGELOW	, kristinė		Street Addr		00 (BO B	Box Number is Not Acceptable)			
6630 EME	BASSY BLVD STE B		Street Addre		38 (F.U. D	ox Number is Not Acceptable)			
PORT RIC	HEY FL 34668				,				
				<u> </u>					
				City		FL	Zip Cod	le	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing	its registere	ed office or regis	stered ag	ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (I	NOTE: Registere	d Agent signature requ	uired when re	einstating) DATE]	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	(DP						☐ Change	☐ Addition	
NAME -	FERRARO, JAMES A	551515	NAMI					_ '	
STREET ADDRESS	10140 HIGHCREST LANE	STR		ET ADDRESS				l l	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY	-ST-ZIP				ì	
TITLE	DTS	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	FERRARO, DEE ETTA		NAM	<u> </u>					
STREET ADDRESS	10140 HIGHCREST LANE		STRE	ET ADDRESS				-]	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-	·ST-ZIP				}	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAM						
STREET ADDRESS	1		STRE	ET ADDRESS				}	
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TITLE		☐ Delete	TITLE			 	☐ Change	☐ Addition	
NAME			NAME	<u>:</u>				Ì	
STREET ADDRESS	[STRE	ET ADDRESS				ĺ	
CITY-ST-ZIP	ļ		CITY-	·ST-ZIP)	
TITLE		□ Delete	TITLE				Change	Addition	
NAME	(NAME				-	1	
STREET ADDRESS			STRE	ET ADDRESS		2.5			
CITY-ST-ZIP	[CITY-	ST-ZIP		<i>y</i>			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME	ſ					
STREET ADDRESS)	•	STRE	ET ADDRESS				}	
CITY-ST-ZIP			CITY-	ST-ZIP		•			

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking twith an address, with all other like empowered.

SIGNATURE:

1-23-03

727-817-0080