

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092498

FILED
Apr 23, 2009
Secretary of State

Entity Name: WINGSONAIR, INCORPORATED

Current Principal Place of Business:

9710 EAST INDIGO STREET.
SUITE 202
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9710 EAST INDIGO STREET
SUITE 202
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 65-1148000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF CLAUDETT O. BATTS
9710 EAST INDIGO STREET
SUITE 202
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

LAW OFFICE OF CLAUDETT O. BATTS,P.A.
9710 EAST INDIGO STREET
SUITE 202
PALMETTO BAY, FL 33157 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: CLAUDETTE O. BATTS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BATTS, MICHAEL F
Address: 17800 SW 83 AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPS () Delete
Name: BATTS, CLAUDETTE O
Address: 17800 SW 83 AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: D () Delete
Name: SARAH N. BATTS
Address: 17800 SW 83 AVE
City-St-Zip: PALMETTO BAY, FL 33157

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE O. BATTS

VPS

04/23/2009

Electronic Signature of Signing Officer or Director

Date