

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000123100**

1. Entity Name  
V-WING INDEPENDENT NEWS VIDEO, INC.



Principal Place of Business  
232 CORAL DRIVE  
CAPE CANAVERAL, FL 32920 US

Mailing Address  
P O BOX 38  
CAPE CANAVERAL, FL 32922-0038 US



03192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1639820

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SAVICKAS, MARIE  
232 CORAL DRIVE  
CAPE CANAVERAL, FL 32920

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SAVICKAS, MARIE  
232 CORAL DRIVE  
CAPE CANAVERAL, FL 32920

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000561640  
05/19/06-80020-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Marie G. Savickas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28 06  
Date

Daytime Phone #