2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P03000096458

Entity Name: WINGMASTER, INC.

Current Principal Place of Business:

15619 PREMIERE DR
TAMPA, FL 33624

New Principal Place of Business:

5211 W. HILLSBOROUGH AVE
TAMPA, FL 33634

Current Mailing Address:

15619 PREMIERE DR
TAMPA, FL 33624

New Mailing Address:

5211 W. HILLSBOROUGH AVE.
TAMPA, FL 33634

FEI Number: 16-1684047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAYTS, ANDREW J JR
106 S TAMPANIA AVE
SUITE 200
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOMBROVA, LOUIS
Address: 15619 PREMIERE DR SUITE 201
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: MEZRAH, MICHAEL J
Address: 2011 CLEVELAND ST SUITE A
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: COCHRAN, KENNETH D
Address: 1815 N WESTSHORE BLVD SUITE 900
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: HARRISON, FRANK
Address: 110 LITHIA RD SUITE G
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: HOLTJE, STEVE
Address: 9600 18TH ST N
City-St-Zip: ST PETERSBURG, FL 33716

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

SIGNATURE: LOUIS DOMBROVA D 01/08/2004

Electronic Signature of Signing Officer or Director — Date