

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074694

Entity Name: WINGZ FLYING GROUP, INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

5280 NW 20TH TERRACE
HANGAR 58
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

5280 NW 20TH TERRACE
HANGAR 58
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

5379 LYONS ROAD
PMB 304
COCONUT CREEK, FL 33073 US

New Mailing Address:

5379 LYONS ROAD
PMB 304
COCONUT CREEK, FL 33073 US

FEI Number: 20-1099879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOFIL INVESTMENTS, INC.
5280 NW 20TH TERRACE
HANGAR 58
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

NOFIL INVESTMENTS, INC.
5379 LYONS ROAD
PMB 304
COCONUT CREEK, FL 33073 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: MIMI NOFIL

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NOFIL, JAMES
Address: 5280 NW 20TH TERRACE, HANGAR 58
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VPD () Delete
Name: ORTIZ, CARLOS
Address: 5280 NW 20TH TERRACE, HANGAR 58
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: TD (X) Delete
Name: NOFIL, MIMI
Address: 5280 NW 20TH TERRACE, HANGAR 58
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NOFIL, JAMES
Address: 5379 LYONS ROAD, PMB 304
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VPTD (X) Change () Addition
Name: NOFIL, MIMI
Address: 5379 LYONS ROAD, PMB 304
City-St-Zip: COCONUT CREEK, FL 33073 US

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 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: MIMI NOFIL

VPTD

01/04/2006

Electronic Signature of Signing Officer or Director

Date