


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 010 ***158.75

DOCUMENT # P04000150922 1. Entity Name YOUR WINGS, INC.			
Principal Place of Business 49 BAY STREET PALM HARBOR, FL 34683		Mailing Address 49 BAY STREET PALM HARBOR, FL 34683	
2. Principal Place of Business <i>349 Bay Street</i>		3. Mailing Address <i>349 Bay Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Palm Harbor, FL</i>		City & State <i>Palm Harbor, FL</i>	
Zip <i>34683</i>		Zip <i>34683</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 36-4563266		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CONNORS, GARY J 49 BAY STREET PALM HARBOR, FL 34683			
7. Name and Address of Registered Agent			
Name <i>CONNORS, GARY J</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>349 Bay Street</i>			
City <i>PALM HARBOR</i> State <i>FL</i> Zip <i>34683</i>			
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 <i>[Signature]</i> DATE <i>2/6/06</i>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNORS, GARY J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			
SIGNATURE: <i>[Signature]</i> <i>GARY J Connors</i> <i>2-6-06</i> <i>727-771-1770</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			