2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P04000150922

Entity Name: YOUR WINGS, INC.

Current Principal Place of Business:

3050 SCHERER DR
SUITE C
ST PETERSBURG, FL 33716 US

New Principal Place of Business:

3050 SCHERER DR N
SUITE C
ST PETERSBURG, FL 33716 US

Current Mailing Address:

3050 SCHERER DR
SUITE C
ST PETERSBURG, FL 33716 US

New Mailing Address:

3050 SCHERER DR N
SUITE C
ST PETERSBURG, FL 33716 US

FEI Number: 36-4563266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONNORS, GARY J
3050 SCHERER DR
SUITE C
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

CONNORS, GARY J
3050 SCHERER DR N
SUITE C
ST PETERSBURG, FL 33716 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: GARY J CONNORS 03/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONNORS, GARY J
Address: 3050 SCHERER DR
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: S, T ( ) Delete
Name: MARRERO, SANDRA J
Address: 3050 SCHERER DR
City-St-Zip: ST PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONNORS, GARY J
Address: 3050 SCHERER DR N
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: S, T (X) Change ( ) Addition
Name: MARRERO, SANDRA J
Address: 3050 SCHERER DR N
City-St-Zip: ST PETERSBURG, FL 33716 US

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: GARY J CONNORS PRES 03/02/2009
Electronic Signature of Signing Officer or Director Date