


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000145575

1. Entity Name
ON THE WINGS OF ANGELS, INC.



Principal Place of Business DBA TROPICAL SMOOTHIE CAFE 10111 SAN JOSE BLVD., #12 JACKSONVILLE, FL 32257	Mailing Address 11521 SUMMER BROOK COURT JACKSONVILLE, FL 32258
---	--



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1607864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORBITT, PATRICIA
 11521 SUMMER BROOK COURT
 JACKSONVILLE, FL 32258**

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, 2007 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

TITLE P/D	NAME CORBITT, GARY	STREET ADDRESS 11521 SUMMER BROOK COURT	CITY-ST-ZIP JACKSONVILLE, FL 32258
TITLE VP	NAME CORBITT, GARY	STREET ADDRESS 11521 SUMMER BROOK COURT	CITY-ST-ZIP JACKSONVILLE, FL 32258
TITLE T/D	NAME CORBITT, PATRICIA	STREET ADDRESS 11521 SUMMER BROOK COURT	CITY-ST-ZIP JACKSONVILLE, FL 32258
TITLE S	NAME CORBITT, PATRICIA	STREET ADDRESS 11521 SUMMER BROOK COURT	CITY-ST-ZIP JACKSONVILLE, FL 32258
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000701018
 04/20/07-80038-021 150.00

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: Gary L. Corbitt 4/9/07 (904) 880-5761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #