



FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90080 001 ***150 00

DOCUMENT # P06000105872				Secretary of State	
1. Entity Name SRL WINGS INC				04-23-2007 90080 001 ***150.00	
Principal Place of Business 11180 66TH ST N UNIT #2 LARGO, FL 33773		Mailing Address 11180 66TH ST N UNIT #2 LARGO, FL 33773			
2. Principal Place of Business - No P.O. Box # 11182 66TH ST Suite, Apt. #, etc.		3. Mailing Address 11182 66TH ST Suite, Apt. #, etc.			
City & State PINELLAS PARK FL		City & State LARGO, FL		4. FEI Number 20-3201279	
Zip 33782		Country USA		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 LAWRENCE, VINCENT M 11180 66TH ST N UNIT #2 LARGO, FL 33773		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11182 66TH ST City LARGO FL Zip Code 33773			
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: [Signature] DATE: 4/19/07 (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAWRENCE, VINCENT M 45 CEDAR VALLEY LN HUNTINGTON, NY 11743 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT LAWRENCE, VINCENT M. 8888 90TH WAY N. LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 like empowered. SIGNATURE: [Signature] VINCENT M. LAWRENCE 4/19/07 727-549-9663 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					