2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2011
Secretary of State

DOCUMENT# P09000101062

Entity Name: WINGS BENEATH MY WINGS INC.

Current Principal Place of Business:

8259 POTOMAC LANE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

8259 POTOMAC LANE
NAPLES, FL 34104 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEPPO, LAURIE
5051 CASTELLO DRIVE STE. 214
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: KAZOR, PATRICIA
Address: 5051 CASTELLO DRIVE STE. 214
City-St-Zip: NAPLES, FL 34104 US

Title: PRES
Name: KAZOR, PATRICIA
Address: 5051 CASTELLO DRIVE STE. 214
City-St-Zip: NAPLES, FL 34104 US

Title: VP
Name: KAZOR, PATRICIA
Address: 5051 CASTELLO DRIVE STE. 214
City-St-Zip: NAPLES, FL 34104 US

Title: SEC
Name: KAZOR, PATRICIA
Address: 5051 CASTELLO DRIVE STE. 214
City-St-Zip: NAPLES, FL 34104 US

Title: TREA
Name: KAZOR, PATRICIA
Address: 5051 CASTELLO DRIVE STE. 214
City-St-Zip: NAPLES, FL 34104 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA KAZOR DIR 03/19/2011

Electronic Signature of Signing Officer or Director Date