


2005 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P93000070571	
1. Entity Name WINGCO, INC.	

Principal Place of Business 1425 GENERAL AVIATION DR. MELBOURNE, FL 32935	Mailing Address 1425 GENERAL AVIATION DR. MELBOURNE, FL 32935
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2. Principal Place of Business 411 Par Ave. Suite, Apt. #, etc.	3. Mailing Address 411 Par Ave. Suite, Apt. #, etc.
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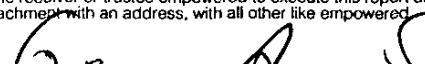
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32901	Zip 32901
Country USA	Country USA

6. Name and Address of Current Registered Agent SHAW, GEORGE A 1425 GENERAL AVIATION DR MELBOURNE, FL 32935	
7. Name and Address of New Registered Agent Name: SHAW, George Alan Street Address (P.O. Box Number is Not Acceptable): 411 Par Ave. City: Melbourne FL Zip Code: 32901	

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: 	DATE: June 29, 2005

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, GEORGE A 1425 GENERAL AVIATION DR MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, George A. 411 Par Ave. Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SHAW, MARY 1425 GENERAL AVIATION DR MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS Shaw, Mary 411 Par Ave. Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, GEORGE A 1425 GENERAL AVIATION DR MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800057061408 07/06/05--01011--005 ***908-75 <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 exemption stated in Section 119.07(3)(i), 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: 	DATE: June 29, 2005 321-544-6074

FILED
05 JUL -6 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06292005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3205636	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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