## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000034066

Entity Name: HOT WING CONCEPTS, INC.

FILED Apr 10, 2008 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:		
9119 MERRELL RD #19		8810 C GOODBY EXE DR		
JACKSONVILLE, FL 32225 US		C JACKSONVILLE, FL 3221	7 US	
Current Mailing Address:		New Mailing Address:		
14476 DUVAL PL W 103 JACKSONVILLE, FL 32218		8810 C GOODBY EXE DR		
		JACKSONVILLE, FL 3221	7 US	
FEI Number: 59-3444237	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of Ne	Name and Address of New Registered Agent:	
HILL, DEBRA 8810 - C GOODBY'S EX JACKSONVILLE, FL 32				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered offi	ice or registered agent, or both,	
SIGNATURE:				
Electro	nic Signature of Registered Ag	ent	Date	
Election Campaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: P ( Name: ROSENBERG	) Delete ER. W R	Title: P (X) C Name: ROSENBERGER	Change()Addition . M P P	

 Title:
 P
 ( ) Delete
 Title:

 Name:
 ROSENBERGER, W R
 Name:

 Address:
 14476 DUVAL PLACE W 103
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

 Title:
 VP (X) Delete

 Name:
 ROSENBURGER, MIKE

Address: 12763 CLARR SPRINGS
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition Name: Address:

City-St-Zip:

8810CGOODBYEXE

JACKSONVILLE, FL 32217

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: MIKE DR 04/10/2008