

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084968

FILED
Mar 06, 2006
Secretary of State

Entity Name: WINGS OF PARADISE, INC.

Current Principal Place of Business:

15160 SOUTH RIVER DRIVE
MIAMI, FL 33169

New Principal Place of Business:

1610 S.W. 77 AVENUE
PEMBROKE PINES, FL 33023

Current Mailing Address:

15160 SOUTH RIVER DRIVE
MIAMI, FL 33169

New Mailing Address:

1610 S.W. 77 AVENUE
PEMBROKE PINES, FL 33023

FEI Number: 65-0786213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, EGERTON A
15160 STATE ROAD DRIVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ANDERSON, EGERTON A
1610 S.W. 77 AVENUE
PEMBROKE PINES, FL 33023 US

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: EGERTON A. ANDERSON

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ANDERSON, EGERTON A
Address: 15160 SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ANDERSON, EGERTON A
Address: 1610 S.W. 77 AVE.
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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: EGERTON A. ANDERSON

PSDT

03/06/2006

Electronic Signature of Signing Officer or Director

Date