


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

06 MAY -1 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # <i>D99000048774</i>	
1. Entity Name <i>Golden Wings 3 E's Academy Inc</i> <i>P.O. Box 1085</i> <i>Quincy FL 32353-1085</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1003 West Jefferson St</i> Suite, Apt. #, etc.	3. Mailing Address <i>1255 Redfield Road</i> Suite, Apt. #, etc.
--	--

EP CR2E034B (8/05)

City & State <i>Quincy Florida</i>	City & State <i>TAL Florida</i>
Zip <i>32351</i>	Country <i>USA</i>
Zip <i>32317</i>	Country

4. FEI Number <i>800042140</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Maan Keith McCarthy</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1255 Redfield Road</i>	
City <i>Tallahassee</i>	FL Zip Code <i>32317</i>

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 <i>Maan Keith McCarthy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Maan Keith McCarthy</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>5/1/06</i> <small>(DATE)</small>
---	---	--

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President / Tao Suang</i> <i>Maan Keith McCarthy</i> <i>1255 Redfield Rd</i> <i>TAL FL 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President / Secretary</i> <i>Veronica McCarthy</i> <i>1255 Redfield Rd</i> <i>TAL FL 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Cynthia Timmer</i> <i>383 Broad Ave</i> <i>Gaetna FL 32332</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Board Member</i> <i>Antonio Anderson</i> <i>70 Equine Dr.</i> <i>Crawfordville FL 32327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100074861931</i> <i>05/19/06--01026--009 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Maan Keith McCarthy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
--	------	-----------------