


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048774 1. Entity Name GOLDEN WINGS 3 E'S ACADEMY INC.						FILED 07 APR 30 AM 10:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1003 W JEFFERSON STREET QUINCY, FL 32351				Mailing Address 1255 REDFIELD ROAD TALLAHASSEE, FL 32317			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MCCARTHY, MARKEITH 1255 REDFIELD RD TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 80-0042140			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, VERONICA 1255 REDFIELD ROAD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VERONICA McCARTHY 1255 Redfield Road TAL FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCARTHY, VERONICA 1255 REDFIELD ROAD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARKEITH McCARTHY 1255 Redfield Rd TAL FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNER, CYNTHIA 383 BROAD AVE. GRETN, FL 32332	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ANDERSON, ANTONIO 70 EQUINE DR. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500101583145 05/04/07--01017--024 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$3511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mark Keith McCarthy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/07 <small>Date</small>			
				<small>Daytime Phone #</small>			