2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048774

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TINNER, CYNTHIA

QUINCY, FL 32351

ANDERSON, ANTONIO

70 EQUINE DR.

12 POINT MILLIGAN ROAD

(X) Delete

CRAWFORDVILLE, FL 32327

FILED Apr 21, 2009 Secretary of State

Entity Nar	ne: GOLDEN	WINGS 3 E'S ACADEMY IN	IC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1003 W JE QUINCY, F	FFERSON ST FL 32351	REET				
Current Mailing Address:			New Maili	New Mailing Address:		
	FIELD ROAD SSEE, FL 323	17				
FEI Number:	80-0042140	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1255 REDITALLAHAS	SSEE, FL 323°	17 US	e purpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered A	gent		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () MCCARTHY, VE 1255 REDFIEL TALLAHASSEE	D ROAD	Title: Name: Address: City-St-Zip:	1255 REDF	(X) Change()Addition Y, VERONICA FIELD ROAD SEE, FL 32317	
Title: Name: Address: City-St-Zip:	P () MCCARTHY, VE 1255 REDFIEL TALLAHASSEE	D ROAD	Title: Name: Address: City-St-Zip:	1255 REDF	(X) Change()Addition Y, VERONICA FIELD ROAD SEE, FL 32317	
Title:	D ()	Delete	Title:	BM	(X) Change () Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

ANDERSON, ANTONIO

CRAWFORDVILLE, FL 32327

() Change () Addition

70 EQUINE DR.

SIGNATURE: MARKEITH MCCARTHY PRES 04/21/2009