2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# S90564

Entity Name: TRAVEL WINGS, INC.

Current Principal Place of Business:

1470 N.W. 107 AVE.
SUITE J
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

147O N.W. 107 AVE.
SUITE
DORAL, FL 33172 US

New Mailing Address:

1604 PENNSYLVANIA AVE
SUITE 1
MIAMI BEACH, FL 33139 US

FEI Number: 65-0291954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABIDO, ALEKXEY
1470 N.W. 107 AVE.
SUITE J
DORAL, FL 33172 US

Name and Address of New Registered Agent:

SABIDO, ALEKXEY
1604 PENNSYLVANIA AVE
SUITE 1
MIAMI BEACH, FL 33139 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: _____ 03/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: SABIDO, ALEKXEY
Address: 1470 NW 107TH AVE. SUITE J
City-St-Zip: DORAL, FL 33172 US

Title: DP ( ) Delete
Name: PONCE, ASTRID
Address: 1470 N.W. 107 AVE. SUITE J
City-St-Zip: DORAL, FL 33172 US

Title: DT ( ) Delete
Name: SABIDO-MENDIBURU, IVAN R
Address: 1470 NW 107 AVE. SUITE J
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: SABIDO, ALEKXEY
Address: 1604 PENNSYLVANIA AVE #1
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DP (X) Change ( ) Addition
Name: PONCE, ASTRID
Address: 1604 PENNSYLVANIA AVE #1
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DT (X) Change ( ) Addition
Name: SABIDO-MENDIBURU, IVAN R
Address: 1604 PENNSYLVANIA AVE #1
City-St-Zip: MIAMI BEACH, FL 33139 US

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: ALEKXEY PD 03/13/2009
Electronic Signature of Signing Officer or Director — Date