2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40646

FILED Apr 04, 2005 Secretary of State

Entity Name: ANCHOR AND WINGS TRAVEL INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	UNIVERSITY [DR.		
# 340 DAVIE, FL	. 33324 US			
Current Mailing Address:		New Mailing Address:		
	UNIVERSITY [DR.		
# 340 DAVIE, FL	. 33324 US			
El Number	: 65-0340624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
2269 SO. I	O URANIA UNIVERSITY [DR.		
2269 SO. I SUITE # 3 DAVIE, FL The above n the State	UNIVERSITY [40 . 33324 US named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
2269 SO. I SUITE # 3 DAVIE, FL The above	UNIVERSITY [40 . 33324 US e named entity e of Florida. RE:	submits this statement for the		
2269 SO. I SUITE # 3 DAVIE, FL The above n the State SIGNATUI	UNIVERSITY [40 . 33324 US e named entity e e of Florida. RE: Electror			od office or registered agent, or both, Date
2269 SO. I SUITE # 3 DAVIE, FL The above n the State SIGNATUI	UNIVERSITY [40 . 33324 US e named entity e e of Florida. RE: Electror	submits this statement for the labels and the labels are statement for the labels are submitted as a submit to the labels are	ent	
2269 SO. I SUITE # 3 DAVIE, FL The above n the State SIGNATUI	UNIVERSITY E 40 . 33324 US e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete HILLIP, PLACE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 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: URANIA CAMPELLO D 04/04/2005