


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90022 021 ***550.00

DOCUMENT # V73357	
1. Entity Name WINGS HEALTH CARE SOLUTIONS, INC.	

Principal Place of Business 4327 SOUTH HWY. 27 #607 CLERMONT FL 34711 US	Mailing Address 4327 SOUTH HWY. 27 #607 CLERMONT FL 34711 US
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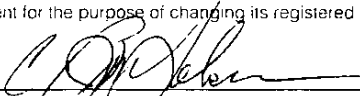


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 59-3148745		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JELSEMA, C. BEN 1150 E PLANT ST SUITE C WINTER GARDEN FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4327 So Hwy 27 #607 City CLERMONT FL Zip Code 34711	

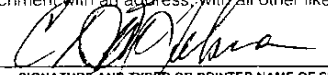
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **8-6-07**
Signature, typed or printed name of registered agent and address, if applicable (NOTE: Registered Agent signature required when registering) (DATE)

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JELSEMA, CHARLES B. 1150 E PLANT STE C WINTER GARDEN FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 4327 So Hwy 27 #607 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC JELSEMA, FAITH 1150 E PLANT STE C WINTER GARDEN FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 4327 So Hwy 27 #607 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **C. BEN JELSEMA** **8-06-07** **352 2438040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #