2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# V73357

Entity Name: WINGS HEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

4327 SOUTH HWY. 27 #607
CLERMONT, FL 34711 US

New Principal Place of Business:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

Current Mailing Address:

4327 SOUTH HWY. 27 #607
CLERMONT, FL 34711 US

New Mailing Address:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

FEI Number: 59-3148745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JELSEMA, C. BEN
4327 SOUTH HWY. 27 #607
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BOWSER, MATTHEW J
35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 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: MATTHEW J. BOWSER 01/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JELSEMA, CHARLES B.,
Address: 4327 SOUTH HWY. 27 #607
City-St-Zip: CLERMONT, FL 34711 US

Title: SC ( ) Delete
Name: JELSEMA, FAITH
Address: 4327 SOUTH HWY. 27 #607
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BOWSER, MATTHEW J.,
Address: 35246 US HWY 19 N, #303
City-St-Zip: PALM HARBOR, FL 34684 US

Title: SC (X) Change ( ) Addition
Name: BOWSER, PAMELA
Address: 35246 US HWY 19 N, #303
City-St-Zip: PALM HARBOR, FL 34684 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: MATTHEW J. BOWSER P 01/26/2009
Electronic Signature of Signing Officer or Director Date