

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002240

FILED
Apr 19, 2005
Secretary of State

Entity Name: MAGIC CARPET AVIATION, INC.

Current Principal Place of Business:

4225 EXECUAIR ST
ORLANDO, FL 328275311

New Principal Place of Business:

Current Mailing Address:

126 OTTAWA AVE NW
SUITE 500
GRAND RAPIDS, MI 49503 US

New Mailing Address:

FEI Number: 38-3234550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: TUBERGEN, JERRY L
Address: 126 OTTAWA AVE NW, STE 500
City-St-Zip: GRAND RAPIDS, MI 49503

Title: VD () Delete
Name: BOER, WILLIAM J
Address: 126 OTTAWA AVE NW, STE 500
City-St-Zip: GRAND RAPIDS, MI 49503

Title: V () Delete
Name: WEISBROD, JOHN
Address: 2 MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: TD () Delete
Name: SCHIERBEEK, ROBERT H
Address: 126 OTTAWA AVE NW, STE 500
City-St-Zip: GRAND RAPIDS, MI 49503

Title: V () Delete
Name: FRITZ, JAMES
Address: 2 MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM FRITZ

VP

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date