
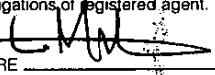
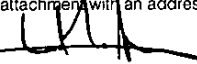


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90168 026 \*\*\*\*61.25

<b>DOCUMENT # N01000008700</b>			
1. Entity Name WINGS OVER MIAMI MUSEUM, INC.			
Principal Place of Business 14710 SW 128TH ST MIAMI, FL 33196		Mailing Address 14710 SW 128TH ST MIAMI, FL 33196	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, DENNY 14710 SW 128TH ST. MIAMI, FL 33196		Name L.M. Ploucha	
		Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 3rd Avenue, Suite 1400	
		One Financial Plaza	
		City Fort Lauderdale	
		FL	
		Zip Code 33394	
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 		L M PLOUCHA	
		03/06/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGHETTI, BETTY AMOS 13724 SW 92ND CT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Betty Amos Righetti 7330 S.W. 165th Street Palmetto Bay, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTH, WALTER H JR 321 LOS PINOS PLACE CORAL GABLES, FL 331436426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip S. (Flip) Gassman 8325 S.W. 143rd Street Miami, FL 33158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATTLE, TIMOTHY 10061 SW 57TH COURT PINECREST, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eddie M. King 8440 S.W. 182nd Terrace Miami, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOUCHA, L M 1946 TYLER STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S L.M. Ploucha 100 S.E. 3rd Avenue, Suite 1400 Fort Lauderdale, FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTOL, A. JAY 51 S.W. 1ST AVE CHAMBERS 1412 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick C. "Boots" Blesse 801 Oakwood Drive Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D B. Mackay Brown 7450 S.W. 131st Street Miami, FL 33157 <input type="checkbox"/> Change <input checked="" 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 617, 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: 		L M PLOUCHA	
		3/6/2006	
		354-925-5501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40026348

#N01000008700

WINGS OVER MIAMI MUSEUM, INC.

Document No. N10100008700

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment to Block 11

D

John C. Nordt, III, M.D.  
427 Biltmore Way  
Suite 100  
Coral Gables, FL 33134

D

Frances Rohrer Sargent  
621 East Ridge Village Drive  
Miami, FL 33157

D

Mark A. Schneider  
16468 N.W. 12<sup>th</sup> Street  
Pembroke Pines, FL 33028

D

Dale Snodgrass  
3501B North Ponce de Leon Boulevard  
Suite 395  
St. Augustine, FL 32084

D/VP

William H. Walker  
14250 S.W. 105<sup>th</sup> Terrace  
Miami, FL 33186