2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# 646514

Entity Name: MIRACLE STRIP AVIATION, INC.

Current Principal Place of Business:

1001 AIRPORT RD.
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 159
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-1952469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIGMAN, WALTER M.
DESTIN-FT. WALTON BEACH AIRPORT
DESTIN, FL 32541 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:	D	( ) Delete
Name:	VAN ATTA, LEON MR.	
Address:	749 SPRING LANE	
City-St-Zip:	DESTIN, FL 32541	
Title:	PD	( ) Delete
Name:	BRIGMAN, WALTER M MR.	
Address:	1596 PENNY SMITH ROAD	
City-St-Zip:	BAKER, FL 32531	
Title:	D	( ) Delete
Name:	VAN ATTA, COLBY F MR.	
Address:	35 WAYNEL CIRCLE, SE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SEC	(X) Delete
Name:	HALL, CINDY A MS.	
Address:	1454 BLACK CREEK BLVD	
City-St-Zip:	FREEPORT, FL 32439	
Title:	TRS	( ) Delete
Name:	WOODRUFF, PATRICIA A MRS.	
Address:	1-C NEWCASTLE DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

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 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: PATRICIA WOODRUFF TRS 05/09/2006

Electronic Signature of Signing Officer or Director Date