

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646514

FILED  
Apr 30, 2007  
Secretary of State

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: 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:

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: P. WOODRUFF

TRS

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date