


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90020 017 \*\*\*\*61.25

<b>DOCUMENT # F94000002447</b>	
1. Entity Name <b>MIRACLE FLIGHTS FOR KIDS, INC.</b>	

Principal Place of Business 2756 NO GREEN VALLEY PKWY. STE 115 GREEN VALLEY, NV 89014-100 US	Mailing Address 2756 NO GREEN VALLEY PKWY. STE 115 GREEN VALLEY, NV 89014-100 US
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64003889



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number 88-0209952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	D	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROESBECK, ROBERT			NAME	Groesbeck, Robert		
STREET ADDRESS	77 E SAHARA, #400			STREET ADDRESS	5820 S Pecos #100		
CITY-ST-ZIP	LAS VEGAS, NV 89104			CITY-ST-ZIP	Las Vegas NV 89120		
TITLE	PVTS	<input type="checkbox"/> Delete		TITLE	National President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE(MISCHOULAM), ANN			NAME	McGee, Ann		
STREET ADDRESS	2700 CHANDLER AVENUE, SUITE A-8			STREET ADDRESS	2756 N Green Valley Pkwy #115		
CITY-ST-ZIP	LAS VEGAS, NV 89120			CITY-ST-ZIP	Green Valley NV 89014-2120		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, SHAUNA			NAME			
STREET ADDRESS	240 WATER STREET			STREET ADDRESS			
CITY-ST-ZIP	HENDERSON, NV 89015			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	McDonald, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, MICHAEL			NAME	4908 Carmen Blvd		
STREET ADDRESS	3351 SOUTH HIGHLAND DRIVE, #210			STREET ADDRESS	Las Vegas NV 89108		
CITY-ST-ZIP	LAS VEGAS, NV 89109			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEFFLER, LARRY			NAME	Scheffler, Larry		
STREET ADDRESS	3351 S HIGHLAND, #210			STREET ADDRESS	4265 W. Sunset Road		
CITY-ST-ZIP	LAS VEGAS, NV 89109			CITY-ST-ZIP	Las Vegas NV 89118		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Yeager, Jeana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEAGER, JEANA			NAME	4152 Refugee Road		
STREET ADDRESS	ROUTE #2, BOX #33			STREET ADDRESS	Sheelman TX 75092		
CITY-ST-ZIP	CAMPBELL, TX 75422			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Ann D. McGee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

702-261-0494

Daytime Phone #