2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# F94000002447

Entity Name: MIRACLE FLIGHTS FOR KIDS, INC.

Current Principal Place of Business:

2756 NO GREEN VALLEY PKWY.
STE 115
GREEN VALLEY, NV 89014100 US

New Principal Place of Business:

Current Mailing Address:

2756 NO GREEN VALLEY PKWY.
STE 115
GREEN VALLEY, NV 89014100 US

New Mailing Address:

FEI Number: 88-0209952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROESBECK, ROBERT
Address: 5820 S PECOS #100
City-St-Zip: LAS VEGAS, NV 89120

Title: NP ( ) Delete
Name: MCGEE, ANN
Address: 2756 N COREEN VALLEY PKWY #115
City-St-Zip: GREEN VALLEY, NV 890142120

Title: D ( ) Delete
Name: MCDONALD, MICHAEL
Address: 4908 CARMEN BLVD
City-St-Zip: LAS VEGAS, NV 89108

Title: C ( ) Delete
Name: SCHEFFLER, LARRY
Address: 4265 W SUNSET ROAD
City-St-Zip: LAS VEGAS, NV 89118

Title: D ( ) Delete
Name: YEAGER, JEANA
Address: 4152 REFUGE ROAD
City-St-Zip: SHERMAN, TX 75092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HENTRY, RICHARD L
Address: 979 RAINBOW ROCK STREET
City-St-Zip: LAS VEGAS, NV 89123

Title: NP (X) Change ( ) Addition
Name: MCGEE, ANN
Address: 2756 N GREEN VALLEY PKWY #115
City-St-Zip: GREEN VALLEY, NV 890142120

Title: D (X) Change ( ) Addition
Name: MCDONALD, MICHAEL
Address: 4265 WEST SUNSET RD
City-St-Zip: LAS VEGAS, NV 89118

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MCGEE NP 05/04/2006

Electronic Signature of Signing Officer or Director — Date