


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F94000002447	
1. Entity Name MIRACLE FLIGHTS FOR KIDS, INC.	

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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02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0209952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENTRY, RICHARD L 979 RAINBOW ROCK STREET LAS VEGAS, NV 89123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP MCGEE, ANN 2756 N GREEN VALLEY PKWY #115 GREEN VALLEY, NV 890142120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, MICHAEL 4265 WEST SUNSET RD LAS VEGAS, NV 89118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHEFFLER, LARRY 4265 W SUNSET ROAD LAS VEGAS, NV 89118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, JEANA 4152 REFUGE ROAD SHERMAN, TX 75092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000710089
04/25/07-80030-002 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07