2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002240

Address:

8701 MAITLAND SUMMIT BLVD

City-St-Zip: ORLANDO, FL 32810

FILED Feb 23, 2009 Secretary of State

Entity Name: MAGIC CARPET AVIATION, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
4225 EXEC ORLANDO	CUAIR ST 9, FL 3282753 ⁻	11				
Current Mailing Address:			New Mailing Address:			
126 OTTAWA AVE NW SUITE 500 GRAND RAPIDS, MI 49503 US			8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810 US			
FEI Number:	38-3234550	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
The above in the State		submits this statement for the p	purpose of changing i	ts registered	office or registered agent,	or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TUBERGEN, JE	VE NW, STE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOER, WILLIAM	VE NW, STE 500	Title: Name: Address: City-St-Zip:	SCHIERBEEK	AVE NW, STE 500	
Title: Name: Address: City-St-Zip:	VANDERWEIDE	SUMMIT BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHIERBEEK,	VE NW, STE 500	Title: Name: Address: City-St-Zip:	LAMBERT, JE	AVE NW, STE 500	
Title: Name:	V () FRITZ, JAMES	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JIM FRITZ **CFO** 02/23/2009