2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90066 005 ***150 00 DOCUMENT #L16049 1. Entity Name MIAMI HANG GLIDING CORPORATION Principal Place of Business Mailing Address 40041372 2550 SO, BAYSHORE DR. 6351 PARK ST COCONUT GROVE, FL 33133 HOLLYWOOD, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 18265 W SR 80 Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For CLEWSTON 65-0142353 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TINDLE, JAMES Street Address (P.O. Box Number is Not Acceptable) **4351 PARK ST** HOLLYWOOD, FL 33024 HOUPNOOD 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. Ermea SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TINDEL, JAMES NAME NAME STREET ADDRESS 6351 PARK ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 607, 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.

FILED