


FILED
Feb 26, 2007 08:00 A
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000008034 1. Entity Name WINGS OF FREEDOM AVIATION MUSEUM, INC.	
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Principal Place of Business 8738 A SW 90TH STREET OCALA, FL 34481	Mailing Address PO BOX 773364 OCALA, FL 34477
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DO NOT WRITE IN THIS SPACE



02042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3330782	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAUL, JOHN 11755 SW 79TH CIR OCALA, FL 34476	DO NOT WRITE IN THIS SPACE
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, JAMES H 8738 A SW 90TH STREET OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAEDIKE, PAUL (BUD) 11316 SW 139TH PLACE DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PAUL, JOHN 11755 SW 79TH CIRCLE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLS, CAROLYN 8185 N FANITHA DR CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMPP, JOHN 47 OAK AVE INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, MARTIE 2256 W GREENWAY PL CITRUS SPRINGS, FL 34434

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**DO NOT WRITE
IN THIS SPACE**

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: John P. Paul - DT 2/20/07 352-237-7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone