

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000338

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** THE MIRACLE WORLD FOUNDATION OF DOWN SYNDROM INC.

**Current Principal Place of Business:**

7678 HIGH PINE RD  
ORLANDO, FL 32819

**New Principal Place of Business:**

7678 HIGH PINE RD  
ORLANDO, FL 32819 US

**Current Mailing Address:**

7678 HIGH PINE RD  
ORLANDO, FL 32819

**New Mailing Address:**

7678 HIGH PINE RD  
ORLANDO, FL 32819 US

**FEI Number:** 20-3269871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL ABOUT FINANCE AND MORE, LLC  
1633 E VINE ST  
216  
KISSIMMEE, FL 34744 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: PVDS ( ) Delete  
Name: URQUHART, NAJIA L  
Address: 7678 HIGH PINE RD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVDS (X) Change ( ) Addition  
Name: URQUHART, NAJIA L NINA  
Address: 7678 HIGH PINE RD  
City-St-Zip: ORLANDO, FL 32819

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

SIGNATURE: NAJIA URQUHART .L NINA

PVDS

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date