


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07000008128 1. Entity Name UNLIMITED MIRACLES - MIRACLES UNLIMITED, INCORPORATED			
Principal Place of Business 921 LEWIS DRIVE DAYTONA BEACH FL 32117		Mailing Address 921 LEWIS DRIVE DAYTONA BEACH FL 32117	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
Sep 03, 2008 08:00 AM
Secretary of State



2nd MOORE CR2E037 (4/08)

4. FEI Number 56-2656761				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 FREEMAN, CYTERIA 921 LEWIS DRIVE DAYTONA BEACH FL 32117			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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 re-registering)		DATE _____	

U00000958859
 09/03/08-80005-020 61.25

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FREEMAN, CYTERIA	NAME	
STREET ADDRESS	921 LEWIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FREEMAN, JOHN	NAME	
STREET ADDRESS	921 LEWIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOPE, PATRICIA	NAME	
STREET ADDRESS	2 STARLING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FORD, LUCILLE	NAME	
STREET ADDRESS	555 SANDRA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BEAMON, BRIAN	NAME	
STREET ADDRESS	1024 AUDREY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ANDERSON, TRENUIQA	NAME	
STREET ADDRESS	720 IOWA STREET	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	

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: *Cyteria Freeman*

Aug 29 2008