

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010242

FILED
Apr 19, 2011
Secretary of State

Entity Name: THE MIRACLE ACADEMY, CDC, INC.

Current Principal Place of Business:

19320 NW 8TH STREET
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

19320 NW 8TH STREET
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 26-4187388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COVERSON, GWENDOLYN S
19320 NW 8TH STREET
PEMBROKE PINES, FL 33029 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: D
Name: COVERSON, GWENDOLYN S
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D
Name: COVERSON, BRANDI M
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D
Name: DANIEL, TASHARA S
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: P
Name: COVERSON, GWENDOLYN S
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S
Name: COVERSON, ARTHUR L JR.
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: T
Name: COVERSON, GWENDOLYN S
Address: 19320 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN S. COVERSON

P

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date