


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 A
Secretary of State

DOCUMENT # P98000006134

1. Entity Name
 A D MIRACLE, INC.



Principal Place of Business 9090 NW SOUTH RIVER DR UNIT 12 MEDLEY, FL 33166-2125	Mailing Address 9090 NW SOUTH RIVER DR UNIT 12 MEDLEY, FL 33166-2125
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DO NOT WRITE IN THIS SPACE



08152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0806316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESSBERG, ESTHER
 990 NW SOUTH RIVER DR. UNIT 12
 MEDLEY, FL 33166-2125

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS.

TITLE	P
NAME	DESSBERG, ESTHER
STREET ADDRESS	848 GOLDEN CANE DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VS
NAME	CZAMANSKI, ELEONORA
STREET ADDRESS	848 GOLDEN CANE DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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.

SIGNATURE: Esther Dessberg 08/17/06 (786) 234 7432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Esther Dessberg