

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285238

FILED
Feb 23, 2007
Secretary of State

Entity Name: MIRACLE STRIP LEASING CORPORATION

Current Principal Place of Business:

2431 FRANKFORD AVE
PO BOX 15413
PANAMA CITY, FL 32406

New Principal Place of Business:

2431 FRANKFORD AVE
PANAMA CITY, FL 32406

Current Mailing Address:

2431 FRANKFORD AVE
PO BOX 15413
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-1113375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMS, JAMES L.
2431 FRANKFORD AVENUE
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMS, JAMES L.,
Address: 2431 FRANKFORD AVE.
City-St-Zip: PANAMA CITY, FL

Title: V () Delete
Name: BECKHAM, ANNA F.,
Address: 2906 KINGS HARBOUR RD.
City-St-Zip: PANAMA CITY, FL

Title: ST () Delete
Name: SIMMS, MYRTICE H.,
Address: 2431 FRANKFORD AVE.
City-St-Zip: PANAMA CITY, FL

Title: VP () Delete
Name: SIMMS, JAMES N
Address: 4638 HIGHWAY 77
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. SIMMS

VP

02/23/2007

Electronic Signature of Signing Officer or Director

Date