2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

DOCUMENT # 654755 1. Entity Name MIRACLE MILE MOTORS, INC.						
Principal Place of Business 1010 S. DIXIE HIGHWAY DELRAY BEACH, FL 33444	Mailing Address 1010 S. DIXIE HIGHWAY DELRAY BEACH, FL 33444					

MINACLI	E WILE MOTORS, INC.					
1010 S. DIX	ce of Business KIE HIGHWAY ACH, FL 33444	Mailing Address 1010 S. DIXIE HIGHWAY DELRAY BEACH, FL 33444			1 1 1 1 1 1 1 1 1 1	#88 \$100 BIBN 1888 BIBN 880 8800 BIBN BIBN 8080 BIBN 8180 BIBN 8180 BIBN 8180 BIBN 8180 BIBN 8180 BIBN 8180 BI
DO NOT WRITE IN THIS SPACE		4.	01172007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent THOMPSON, VINCENT 8602 SAWPINE ROAD DELRAY BEACH, FL 33446				DO NOT WRITE IN THIS SPACE		
8. The above the obligation	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and to		ed office or re			oth, in the State of Florida. I am familiar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 Added to	May Be Fees	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P THOMPSON, VINCENT 8602 SAW PINE ROAD DELRAY BEACH, FL 33446 VP THOMPSON, GLORIA 8602 SAW PINE ROAD DELRAY BEACH, FL 32446	ECTORS				U00000635469 02/23/07-80015-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH, FL 33446					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
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 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 life empowered.

SIGNATURE:

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