## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State...

ANNUAL REPURI	Conveterry of Ctata
DOCUMENT # F84920  1. Entity Name MIRACLE UPHOLSTERY, INC.	Secretary of State.
Principal Place of Business Mailing Address	
835 16TH PLACE 835 16TH PLACE VERO BEACH, FL 32960	
A STATE OF THE STA	
DO NOT WRITE IN THIS SPACE	01172006 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For
	4. FEI Number Applied Far 59-2349586 Not Applied Far
	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	The same of the sa
TANACS, JOSEPH L 835 16TH PLACE VERO BEACH, FL 32960	DO NOT WRITE IN THIS SPACE
The above named entity supports this statement for the purpose of changing its registere	and office or tenistered errent or both in the State of Florida. Low familiar with and account
the obligations of registered agent	= 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
SIGNATORE	Agent Sprature required when rolinstating?
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.  Added to Fees	
10. OFFICERS AND DIRECTORS	
NAME TANACS, JOSEPH L	
NAME TANACS, JOSEPH L STREET ADDRESS   835 16TH PLACE	
CITY-ST-ZIP VERO BEACH, FL 32960	### ##################################
TIPLE	017 = 7 00 00000 -011 130.00
NAME	
STREET ADDRESS CITY-ST- TIP	
TIME	
NAME	
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	
NAME	IN THIS SPACE
STREET ADDRESS	
CNY-ST-ZIP	
TIPLE	
NAME Street address	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS CITY-ST-ZIP	
	emplions contained in Chapter 119 Florida Stantes 1 further certify that the information
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is the 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 trustise employered 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.	