

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43046

FILED
Apr 30, 2007
Secretary of State

Entity Name: MIRACLE STRIP STRUCTURES, INC.

Current Principal Place of Business:

307 CARMEL DR
FT. WALTON BCH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 123
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-2291912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOELLER, RICHARD W.
307 CARMEL DR.
FT. WALTON BEACH, FL 32547 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: ST () Delete
Name: GOELLER, CYNTHIA J.,
Address: 307 CARMEL DR
City-St-Zip: FT. WALTON BCH, FL

Title: P () Delete
Name: GOELLER, RICHARD W.,
Address: 307 CARMEL DR
City-St-Zip: FT. WALTON BCH, FL

Title: VP () Delete
Name: GOELLER, WILLIAM E.,
Address: 1793 AUTUMN LANE
City-St-Zip: FT. WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: GOELLER, CYNTHIA J.,
Address: 307 CARMEL DR
City-St-Zip: FT. WALTON BCH, FL 32547

Title: P (X) Change () Addition
Name: GOELLER, RICHARD W.,
Address: 307 CARMEL DR
City-St-Zip: FT. WALTON BCH, FL 32547

Title: VP (X) Change () Addition
Name: GOELLER, WILLIAM E.,
Address: 1793 AUTUMN LANE
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify 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: CYNHIA J GOELLER

ST

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date