

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50474

FILED
Feb 08, 2006
Secretary of State

Entity Name: MIRACLE STRIP-SHIPWRECK ISLAND CORPORATION

Current Principal Place of Business:

12000 W HIGHWAY 98
12000 FRONT BEACH ROAD
PANAMA CITY, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2000
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-2749428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHISON, EDWARD A., JR.
221 MCKENZIE AVE
PANAMA CITY, FL 32402 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: VPD () Delete
Name: JOLLY, MARY ELAINE
Address: 624 OAK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: PD () Delete
Name: LARK, WILLIAM E. (BI
Address: 624 OAK AVE
City-St-Zip: PANAMA CITY, FL

Title: AS () Delete
Name: BURKE, LES W.,
Address: 221 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL

Title: STD () Delete
Name: LARK, WILLIAM E
Address: 624 OAK AVE
City-St-Zip: PANAMA CITY, FL 32401

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: LES W. BURKE

AS

02/08/2006

Electronic Signature of Signing Officer or Director

_____ Date