

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000287

1. Entity Name
MIRACLE MULTIPLICATION, LLC



Principal Place of Business
10235 W. SAMPLE ROAD, UNIT #205
CORAL SPRINGS, FL 33065

Mailing Address
10235 W. SAMPLE ROAD, UNIT #205
CORAL SPRINGS, FL 33065



01222006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0017173	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BACHELOR, BYRON
10235 W. SAMPLE ROAD, UNIT #205
CORAL SPRINGS, FL 33065

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)

Filing Fee is \$50.00
Due by May 1, 2006

000000404250
 02/06/06-80040-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYER, GLORIA 10155 NW 31 CT SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHELOR, BYRON 10235 W. SAMPLE RD #205 CORAL SPRINGS, FL 33065
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **BYRON BACHELOR** **1/23/06** **(954) 752 2758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #