


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000088026</b> 1. Entity Name <b>MIRACLE MISSION PRESS, LLC</b>	
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Principal Place of Business <b>10335 CROSS CREEK BOULEVARD, SUITE H TAMPA, FL 33647</b>	Mailing Address <b>19046 BRUCE B DOWNS BOULEVARD PMB 99 TAMPA, FL 33647</b>
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DO NOT WRITE IN THIS SPACE



02242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>34-2026692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SAYLES, JACKIE  
10431 ISLEWORTH AVE  
TAMPA, FL 33647**

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAYLES, JACKIE 10431 ISLEWORTH AVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICCIRILLI, VICTORIA 18914 BEACHDROP PLACE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, TERESA P. O. BOX 47075 TAMPA, FL 33647
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1000001482428  
04/11/06 80074-014 50.00

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: *Teresa Rogers* **3-14-06 813-991-1212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #