


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L04000088026**

1. Entity Name  
**MIRACLE MISSION PRESS, LLC**



Principal Place of Business  
**10335 CROSS CREEK BOULEVARD, SUITE H  
 TAMPA, FL 33647**

Mailing Address  
**19046 BRUCE B DOWNS BOULEVARD  
 PMB 99  
 TAMPA, FL 33647**

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-LLC CR2E083 (11/05)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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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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 #