

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000088026

FILED
Apr 27, 2006
Secretary of State

Entity Name: MIRACLE MISSION PRESS, LLC

Current Principal Place of Business:

10335 CROSS CREEK BOULEVARD, SUITE H
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19046 BRUCE B DOWNS BOULEVARD
PMB 99
TAMPA, FL 33647

New Mailing Address:

10335 CROSS CREEK BOULEVARD, SUITE H
TAMPA, FL 33647

FEI Number: 34-2026692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYLES, JACKIE
10431 ISLEWORTH AVE
TAMPA, FL 33647 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAYLES, JACKIE
Address: 10431 ISLEWORTH AVE
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Delete
Name: PICCIRILLI, VICTORIA
Address: 18914 BEACHDROP PLACE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: ROGERS, TERESA
Address: P. O. BOX 47075
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date