

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006673

FILED
Jul 06, 2005
Secretary of State

Entity Name: HOUSE OF MIRACLES - JACKSONVILLE, INC.

Current Principal Place of Business:

11001 AUGUSTINE ROAD
APT 1211
JACKSONVILLE, FL 32257

New Principal Place of Business:

2485 HENLEY ROAD
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

11001 AUGUSTINE ROAD
APT 1211
JACKSONVILLE, FL 32257

New Mailing Address:

1752 CLEMSON ROAD
JACKSONVILLE, FL 32217

FEI Number: 52-2271057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ORENE, STDNLSGHMIDT
11001 AUGUSTINE ROAD
APT 1211
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

JUDI, BACK D MS.
1752 CLEMSON ROAD
JACKSONVILLE, FL 32217 US

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: JUDI D. BACK

07/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCGUICKEN, ASHLEY
Address: 11001 AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP () Delete
Name: MCGUICKEN, KATHRYN
Address: 11001 AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: MARIDJAN, ROMERO
Address: 11001 AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: LEENDERT, MAAT
Address: 11001 AUGUSTINE RD. #1211
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: STAHLSCHMIDT, ORENE
Address: 11001 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCGUICKEN, ASHLEY
Address: 5553 MEADVILLE RD
City-St-Zip: GAP, PA 17527

Title: DVP (X) Change () Addition
Name: MCGUICKEN, KATHRYN
Address: 5553 MEADVILLE RD
City-St-Zip: GAP, PA 17527

Title: DS (X) Change () Addition
Name: BACK, JUDI
Address: 2485 HENLEY ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DS (X) Change () Addition
Name: LEENDERT, MAAT
Address: 5553 MEADVILLE ROAD
City-St-Zip: GAP, PA 17527

Title: DS (X) Change () Addition
Name: STAHLSCHMIDT, IRENE
Address: 5553 MEADVILLE ROAD
City-St-Zip: GAP, PA 17527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI D. BACK

DS

07/06/2005

Electronic Signature of Signing Officer or Director

Date