


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000007505	
<b>1. Entity Name</b> HOUSE OF MIRACLES, OUT REACH MINISTRES, INC.	

<b>Principal Place of Business</b> 846 NW ALMA AVE LAKE CITY FL 32025	<b>Mailing Address</b> 473 S.E. AVALON AVENUE LAKE CITY FL 32025
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<b>2. Principal Place of Business - No P.O. Box #</b> 846 NE Alma AV	<b>3. Mailing Address</b> 473 S.E. Avalon AV
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>

1st MOORE CR2E037 (10/07)

<b>City &amp; State</b> lake city	<b>City &amp; State</b> lake city, FL
<b>Zip</b> 32025	<b>Zip</b> 32025
<b>Country</b>	<b>Country</b>

<b>4. FEI Number</b> 42-1674458	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  PERRY, BENJAMIN 846 N.W. ALMA AVE. LAKE CITY FL 32055
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 Benjamin Perry (NOTE: Registered Agent signature is required with registration) DATE 2-1-08

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PERRY, BENJAMIN 777 AVALON ST LAKE CITY FL 32055 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000818305 02/15/08-80031-027 70.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CRAY, LASHA P O BOX 266 LAKE CITY FL 32056 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STOUD, MARION 840 ALMA AVE LAKE CITY FL 32025 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D-BK</b> PERRY, GLORIA 777 AVELON ST. LAKE CITY FL <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Benjamin Perry Benjamin Perry 2-1-08 386-755-4028