2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008931

Entity Name: MIRACLE MISSION OF HOPE, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
803 SE TARPON AVE STUART, FL 34997				8137 SE ORCHARD TERRACE HOBE SOUND, FL 33455		
Current Mailing Address:				New Mailing Address:		
PO BOX 2023 STUART, FL 34995				PO BOX 1239 HOBE SOUND, FL 33475		
FEI Number: 20-0304573 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
TULLIER, PIERRE 39 N RIVER ROAD STUART, FL 34996 US				BISHOP, ANTHONY 8137 SE ORCHARD TERRACE HOBE SOUND, FL 33455 US		
The above in the State	named entit of Florida.	y submits this statement for the pu	irpose o	f changing it	s registered o	ffice or registered agent, or both,
SIGNATURE: ANTHONY BISHOP			04/28/2006			
	Electr	onic Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D TULLIER, PII 39 N. RIVER STUART, FL	ROAD		Title: Name: Address: City-St-Zip:	BISHOP, ANTH	ARD TERRACE
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	S () HENDERSHOT, 5088 SE ALICIA STUART, FL 34	AST
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	V () ANDREWS, LA 2525 AVENUE I RIVIERA, FL 3	VI
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	V () KEITH, ROBER 630 SE FLAGLI STUART, FL 34	ER AVE
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	V () BROWN, KENS 630 SE FLAGLI STUART, FL 34	ER AVE
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	V () TULLIER, PIER 39 N RIVER RE STUART, FL 34)

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 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: ANTHONY BISHOP P 04/28/2006