


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008768
 1. Entity Name
THE MIRACLE OF LIFE FOUNDATION, INC.



Principal Place of Business
**211 W CHARLOTTE AVE
 PUNTA GORDA, FL 33950**

Mailing Address
**211 W CHARLOTTE AVE
 PUNTA GORDA, FL 33950**

DO NOT WRITE IN THIS SPACE



08012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1524093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JEROME, KAYWELL P
 211 W CHARLOTTE AVE
 PUNTA GORDA, FL 33950**

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: *Jerome Kaywell* DATE: 8-25-06

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KAYWELL, JEROME P REV. 211 W CHARLOTTE AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTEN, MARY 4183 GRAPE LEAF WAY SAN JOSE, CA 95135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCAS, JOAN M 18307 DEEP PASSAGE LANE FT MYERS BCH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLDS, STEVEN R REV. 10701 S MILITARY TRAIL BOYNTON BCH, FL 334364899
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575753
 08/31/06-80003-004 61.25

DO NOT WRITE IN THIS SPACE

12. 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 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: *Jerome Kaywell* **JEROME P. KAYWELL** DATE: 8-25-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #