


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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

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01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 20-1524093

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEROME, KAYWELL P
 211 W CHARLOTTE AVE
 PUNTA GORDA, FL 33950

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

Filing Fee is \$61.25
Due by May 1, 2007

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	

U00000725113
 05/03/07-80009-010 61.25

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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 P. Kaywell* 4-20-07 941-639-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #