

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009619

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** MIRACLE STRIP HOLDING CORPORATION, INC.

**Current Principal Place of Business:**

1610 BECK AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1610 BECK AVE  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 20-1917393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STIVERS, HB  
245 E VIRGINIA STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURGE, DIXIE  
Address: 212 COUNTRY MANOR RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: SMITH, ALVERNA L  
Address: 2175 FRANKFORD AVE, APT A101  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: BOBE, ALICE  
Address: 4403 BLUEWATER DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: GRIFFIN, YVETTE  
Address: PO BOX 813  
City-St-Zip: PANAMA CITY, FL 32402

Title: D ( ) Delete  
Name: PARKER, CANDACE  
Address: 3202 PLEASANT HILL RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: FAIRWEATHER, ELIZABETH  
Address: 142 BAYOU LANDING RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIXIE BURGE

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date