2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N04000009619

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: EDWARDS, KATHRYN
Address: 309 S. SAN SOUCI
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: SMITH, ALVERNA L
Address: 623 WILLIAMS AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: PAYNE, SILVIA
Address: 3124 GAME FARM RD
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: EPPINETTE, JUDY
Address: 2003 LONS AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete
Name: MCCROAN, REBECCA
Address: 807 TEXAS AVE
City-St-Zip: LYNN HAVEN, FL 324441958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WADE, CINDY
Address: 151 PARADISE ISLAND DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 70

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

Title: D (X) Change ( ) Addition
Name: PARKER, CANDACE
Address: 3203 PLEASANT HILL RD
City-St-Zip: LYNN HAVEN, FL 32444 56

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

Title: D (X) Change ( ) Addition
Name: ELY, TERRY
Address: 1207 TEXAS AVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify 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: CINDY WADE CHAI 01/21/2009

Electronic Signature of Signing Officer or Director — Date