2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005586

Entity Name: THE MIRACLES SCHOOL, INC.

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1032 NE 16TH AVE 648 NW 21ST STREET

FT LAUDERDALE, FL 33304 WILTON MANORS, FL 33311

Current Mailing Address: New Mailing Address:

1032 NE 16TH AVE 648 NW 21ST STREET

FT LAUDERDALE, FL 33304 WILTON MANORS, FL 33311

FEI Number: 26-0305695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WARSHAW, NINA 8598 LYCHEE DRIVE TAMARAC, FL 33321

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:

Flackway is Competing of Devictors of Appet

Electronic Signature of Registered Agent

US

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: P () Delete Title: CEO (X) Change () Addition

 Name:
 GORINSTEIN, AARON
 Name:
 EDMISTON, M.D.

 Address:
 1032 NE 16TH AVE
 Address:
 648 NW 21ST STREET

 City-St-Zip:
 FT LAUDERDALE, FL 33304
 City-St-Zip:
 WILTON MANORS, FL 33311

Title: VP () Delete Title: () Change () Addition

 Name:
 WEISSMAN-VARGAS, JANET
 Name:

 Address:
 2625 NW 80TH AVE
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

Name:EDMINSTON, MARKName:ROSENBERG, KENAddress:648 NW 21ST STREETAddress:1 LAS OLAS CIRCLE, #816City-St-Zip:WILTON MANORS, FL 33311City-St-Zip:FORT LAUDERDALE, FL 33316

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: M. D. EDMISTON CEO 02/22/2008