2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N08000000766

Entity Name: MIRACLE BOX,INC.

Current Principal Place of Business:

895 WEST DETROIT BLVD.
PENSACOLA, FL 32534

New Principal Place of Business:

85 HOOD DRIVE
PENSACOLA, FL 32534 US

Current Mailing Address:

895 WEST DETROIT BLVD.
PENSACOLA, FL 32534

New Mailing Address:

85 HOOD DRIVE
PENSACOLA, FL 32534 US

FEI Number: 61-1553656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, PATRICIA
607 WEST DETROIT BLVD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

ADAMS, PATRICIA W P
607 WEST DETROIT BLVD.
PENSACOLA, FL 32534 US

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: PATRICIA ADAMS 03/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, PATRICIA
Address: 607 WEST DETROIT BLVD.
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, PATRICIA W P
Address: 607 WEST DETROIT BLVD.
City-St-Zip: PENSACOLA, FL 32534 US

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: PATRICIA ADAMS P 03/03/2009
Electronic Signature of Signing Officer or Director Date