


*** 2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N37727 1. Entity Name MIRACLE LIFE MINISTRIES, INC.	
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Principal Place of Business 3531 NW 35TH PL GAINESVILLE, FL 32605	Mailing Address POST OFFICE BOX 358004 GAINESVILLE, FL 32635
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3014165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUSSELL, HENRY E., III 3531 NW 35TH PL GAINESVILLE, FL 32605
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**DO NOT WRITE
IN THIS SPACE**

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 *Henry E. Russell III* (NOTE: Registered Agent signature required when reinstating) 1/6/06 DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	CPD RUSSELL, HENRY E., III 3531 NW 35TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, ROSE E 8017 SW 43RD PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPIS, NICK 103 EMERALD LAKE JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS RUSSELL, MILDRED C 3531 NW 35TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, BRAD 2017 WATERBRED DRIVE COCAVILLE, IA 52241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000380418
01/11/06-80012-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Henry E. Russell III* 1/6/06 352-375-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #