

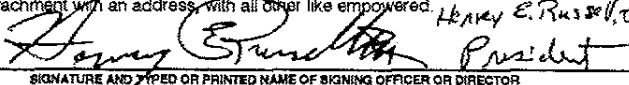


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N37727 1. Entity Name MIRACLE LIFE MINISTRIES, INC.			
Principal Place of Business 3531 NW 35TH PL GAINESVILLE, FL 32605		Mailing Address POST OFFICE BOX 358004 GAINESVILLE, FL 32635	
DO NOT WRITE IN THIS SPACE			
			
		01102007 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3014165		Applied For 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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000584396 01/12/07-80036-008 61.25	
10. OFFICERS AND DIRECTORS			
TITLE	CPD		
NAME	RUSSELL, HENRY E., III		
STREET ADDRESS	3531 NW 35TH PL		
CITY-ST-ZIP	GAINESVILLE, FL		
TITLE	D		
NAME	WEINER, ROSE E		
STREET ADDRESS	8017 SW 43RD PLACE		
CITY-ST-ZIP	GAINESVILLE, FL		
TITLE	D		
NAME	PAPPIS, NICK		
STREET ADDRESS	103 EMERALD LAKE		
CITY-ST-ZIP	JACKSON, TN 38305		
TITLE	DTS		
NAME	RUSSELL, MILDRED C		
STREET ADDRESS	3531 NW 35TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL		
TITLE	D		
NAME	SHERMAN, BRAD		
STREET ADDRESS	2017 WATERBRED DRIVE		
CITY-ST-ZIP	COCAVILLE, IA 52241		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  President		1/10/07 3323756699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	