2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003755

Entity Name: MIRACLE OF LOVE, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1800 MERCY DRIVE SUITE 300					
ORLANDO,	FL 32808	US			
Current Mailing Address:			New Mailing Address:		
1800 MERC SUITE 300 ORLANDO,		US			
	e with s. 607.19	3(2)(b), F.S., the corporation did not receive t	· · · · · ·).	
Name and A	Address of C	current Registered Agent:	Name and	Address of New Registered Agent:	
NORTON-GUERRERO, NICOLA D 7641 HARBOR BEND CIRCLE ORLANDO, FL 32822 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.					
SIGNATUR					
	Electror	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PRES () JONES, OTHA 11945 RED BR ORLANDO, FL		Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition MUNROE, ALELIA 316 QUEENS GATE ROAD ORLANDO, FL 32818	
Title: Name: Address: City-St-Zip:	VP () MUNROE, ALEI 316 QUEENS G ORLANDO, FL	ATE ROAD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition AUGUSTE, MICHAEL 4941 PADDINGTON WAY KISSIMMEE, FL 34747	
Title: Name: Address: City-St-Zip:	SEC () NALL, TYNICA 4490 KIRKWOO ORLANDO, FL		Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition REEVES, ANTHONY 7363 LEONARDO COURT KISSIMMEE, FL 34758	
Title: Name: Address: City-St-Zip:	TR () SARRA, IDEHE 5869 TALAVER ORLANDO, FL	A ST.	Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition IDEHEN, SARRA 5869 TALAVERA ST. ORLANDO, FL 32807	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition NALL, TYNICIA 4490 KIRKWOOD BLVD ORLANDO, FL 32811	

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: NICOLA NORTON ED 05/03/2007