


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90011 030 \*\*\*150.00

<b>DOCUMENT #</b> P00000108502	
<b>1. Entity Name</b> MIRACLE JOURNEYS PRODUCTIONS, INC.	

<b>Principal Place of Business</b> 2340 BAYBERRY DR. PEMBROKE PINES, FL 33024	<b>Mailing Address</b> 2340 BAYBERRY DR. PEMBROKE PINES, FL 33024
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<b>2. Principal Place of Business</b> 5748 NE. 4th Ave. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5748 NE. 4th Ave. Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL
<b>Zip</b> 33137	<b>Zip</b> 33137
<b>Country</b> USA	<b>Country</b> USA

06082004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1067228	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DUBITSKY, SUSAN 2340 BAYBERRY DR. PEMBROKE PINES, FL 33428
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b> June 09, 2004

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DUBITSKY, SUSAN 2340 BAYBERRY DR. PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Lisa Warrington 5748 NE. 4th Ave. Miami, FL 33137 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Lisa Warrington 5748 NE. 4th Ave. Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Marla Warrington 5748 NE. 4th Ave. Miami, FL 33137 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Marla Warrington 5748 NE. 4th Ave. Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.</b>
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<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> June 9, 2004	<b>DAYTIME PHONE #</b> 305-757-9770
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