

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010710

Entity Name: MIRACULOUS POOLS & SPAS, INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

1010 N.W. 5TH AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1010 N.W. 5TH AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1083057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, DENISE
1010 N.W. 5TH AVE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GRACE, DENISE
Address: 1010 NW 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPS () Delete
Name: GRACE, MICHAEL
Address: 1010 NW 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: GRACE, JENNIFER
Address: 1010 NW 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: SEC. () Change (X) Addition
Name: ROBERT, GRACE L
Address: 1010 NW 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TRES () Change (X) Addition
Name: FERNANDO, GRACE L
Address: 1010 NW 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: SEC () Change (X) Addition
Name: MICHEAL, GRACE L
Address: 1010 NW 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER GRACE

VP

05/11/2009

Electronic Signature of Signing Officer or Director

Date