## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000090707

Entity Name: MIRACLES FROM ABOVE INC.

JACKSONVILLE, FL 32209 US

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 814 ELLIS RD SOUTH JACKSONVILLE, FL 32205 LIS **Current Mailing Address: New Mailing Address:** 814 ELLIS RD SOUTH JACKSONVILLE, FL 32205 US FEI Number: 37-1440564 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MADDIE, JANICE T 1405 WEST 10TH STREET JACKSONVILLE, FL 32209 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MADDIE, JANICE T Name: Name: 1405 WEST 10TH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: MADDIE, SHERMAN F SR. Name: 1405 WEST 10TH STREET Address: Address:

City-St-Zip:

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: SHERMAN F. MADDIE SR. VP 04/25/2008