2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Feb 05, 2007 08:00 AM **DOCUMENT # P02000093233** Secretary of State MIRACLE METHOD OF TAMPA, INC Principal Place of Business Mailing Address PO BOX 911 PO BOX 911 LUTZ, FL 33548-0911 LUTZ, FL 33548-0911 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 30-0108792 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BUCK, JOHN DO NOT WRITE 18615 BARTON DR LUTZ, FL 33549 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

FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		CTORS				1
IIILE	P					ı
NAME	BUCK, JOHN D					ı
STREET ADDRESS	18615 BARTON DR.				U00000619925	ı
CITY-ST-ZIP	LUTZ, FL 33549				02/09/07-80016-014 150.0	(0
TITLE	S					
NAME	BUCK, MARJORIE C					1
STREET ADDRESS	18615 BARTON DR.					
CITY-ST-ZIP	LUTZ, FL 33549					
TITLE						

(NOTE: Registered Agent signature required when reinstating)

DO NOT WRITE IN THIS SPACE

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 supplier exist 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like exprovered.

SIGNATURE:

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE.

STREET ADDRESS

STREET ADDRESS City-SI-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP IIITE

Applied For

\$8.75 Additional

Fee Required

DATE

Not Applicable