

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044228

FILED
Jan 13, 2009
Secretary of State

Entity Name: MIRACLE OF CRYSTAL RIVER, INC.

Current Principal Place of Business:

4007 TWINGATE AVENUE
BROOKSVILLE, FL 34601

New Principal Place of Business:

2351 N.E HWY 19
SUITE A
CRYSTAL RIVER, FL 34428

Current Mailing Address:

4007 TWINGATE AVENUE
BROOKSVILLE, FL 34601

New Mailing Address:

2351 N.E HWY 19
SUITE A
CRYSTAL RIVER, FL 34428

FEI Number: 42-1588094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, JOSEPH M JRESQ.
101 SOUTH MAIN STREET
BROOKSVILLE, FL 346013336 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALIOTTA, JAMES L
Address: 4007 TWINGATE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: DRANKWALTER, PAULA K
Address: 4007 TWINGATE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: ALIOTTA, JENNIFER D
Address: 4007 TWINGATE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: DRANKWALTER, RICHARD
Address: 4007 TWINGATE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALIOTTA, JAMES L
Address: 2351 N.E HWY 19 SUITE A
City-St-Zip: CRYSTAL RIVER, FL 34428

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

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

Title: () Change () Addition
Name:
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: JAMES L. ALIOTTA

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date