

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114215

Entity Name: AUTOMIRACLE INC.

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2831 SCENIC LN  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2831 SCENIC LN  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 65-1205889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAKINEN, JORMA  
1912 B LEE ROAD  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

VAERLIEN, ROBERT  
1912 B LEE ROAD  
ORLANDO, FL 32810 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: ROBERT VAERLIEN

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MAKINEN, JORMA  
Address: 2831 SCENIC LN  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: VAERLIEN, ROBERT  
Address: 2831 SCENIC LN  
City-St-Zip: KISSIMMEE, FL 34744

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: ROBERT VAERLIEN

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date