2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State 00000130173 05-03-2004 90670 041 ***150 00 1. Entity Name MIRACLE WOODWORKING, INC. Principal Place of Business Mailing Address P.O. BOX 1817 P.O. BOX 1817 NEWBERRY, FL 32669 NEWBERRY, FL 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 City & State City & State 4. FEI Number Applied For 33 - 1074285 Not Applicable Zip 7in Country Country \$8.75 00000000 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNON, JEAN ANN Street Address (P.O. Box Number is Not Acceptable) 5700 SW 48TH ST. 1863 BELL, FL 32619 Zip Code 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 0 0000 00 FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. 00000000000000 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ■ Addition NAME CANNON, JOE RAY JR NAME STREET ADDRESS P.O. BOX 1817 STREET ADDRESS NEWBERRY, FL 32669 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CANNON, JEAN ANN NAME NAME STREET ADDRESS P.O. BOX 1817 STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information incloated on this report or supplemental 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jean Ann C

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SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF

4130/04

FILED