2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112700

Entity Name: MIRACLEPLUS, INC.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18860 US 19 NORTH SUITE 154

CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

18860 US 19 NORTH SUITE 154 CLEARWATER, FL 33764

FEI Number: 56-2474556 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:

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

NIIZATO, RIEKO
18860 US19N
154

MIAMI, FL 33145 US CLEARWATER, FL 33764 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: RIEKO NIIZATO 04/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTDS (X) Change () Addition

Name: NIIZATO, RIEKO Name: NIIZATO, RIEKO

Address: 18860 US 19 NORTH #154 Address: 18860 US 19 NORTH #154 City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

Title: V (X) Delete Title: () Change () Addition

 Name:
 CRUM, DOUGLAS
 Name:

 Address:
 18860 US 19 NORTH #154
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 FREDRICKS, ÅKIKO
 Name:

 Address:
 18860 US 19 NORTH #154
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RIEKO NIIZATO PSTD 04/05/2005