


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 042 ***158.75

DOCUMENT # P05000005025	
1. Entity Name MIRACLE CONCRETE INC.	

Principal Place of Business 5208 VAN AKEN DRIVE ORLANDO, FL 32808	Mailing Address 5208 VAN AKEN DRIVE ORLANDO, FL 32808
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2. Principal Place of Business 5208 Van Aken Dr.	3. Mailing Address P.O. Box 682428
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
Zip 32808	Zip 32808
Country U.S.	Country US



03192006 Chg-P CR2E034 (11/05)

4. FEI Number 87-0738308	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RHYMES, OSCAR L JR. 5208 VAN AKEN DRIVE ORLANDO, FL 32808

7. Name and Address of New Registered Agent Name Rhymes, Oscar L. Jr. Street Address (P.O. Box Number is Not Acceptable) 5208 Van Aken Dr. City Orlando FL Zip Code 32808

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 <u>Oscar L Rhymes Jr. Pres.</u> 3-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RHYMES, OSCAR L JR. P.O. BOX 682428 ORLANDO, FL 32868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHYMES, GRETA D P.O. BOX 682428 ORLANDO, FL 32868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Rhymes, Oscar L. Jr. P.O. Box 682428 Orlando, FL 32868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rhymes, Greta D. P.O. Box 682428 Orlando, FL 32868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: <u>Greta Rhymes</u> 3-19-06 407-292-3711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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