

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90030 030 ***150.00

DOCUMENT # P05000129642		
1. Entity Name MIRACULOUS CLEAN TOUCH, CORP.		

Principal Place of Business 9801 OLD BAYMEADOWS RD 108 JACKSONVILLE, FL 32256	Mailing Address 9801 OLD BAYMEADOWS RD 108 JACKSONVILLE, FL 32256
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2. Principal Place of Business 9505 Armelle Way Suite, Apt. #, etc. # 4 City & State Jacksonville, FL Zip 32257	3. Mailing Address 9505 Armelle Way Suite, Apt. #, etc. # 4 City & State Jacksonville, FL Zip 32257
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07052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3500910		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EDWARDS, RUTH M 9801 OLD BAYMEADOWS RD 108 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name EDWARDS RUTH M Street Address (P.O. Box Number is Not Acceptable) 9505 Armelle Way Suite # 4 City Jacksonville FL Zip Code 32257

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 Ruth M Edwards
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting) L.A.F.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, RUTH M 9801 OLD BAYMEADOWS RD APT 108 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, RUTH Milagros ☒ Change ☐ Addition 9505 Armelle Way, Suite # 4 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORA, GUILLERMO ☒ Delete 9801 OLD BAYMEADOWS RD APT 108 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVEZ, JORGE E ☐ Delete 9801 OLD BAYMEADOWS RD APT 108 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVEZ, JORGE E ☒ Change ☐ Addition 4901 Sunbeam Rd, Apt 911 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTEVEZ, MONICA M ☐ Change ☒ Addition 9595 Amante Circle, #14 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 "C" or Block "D" if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth M Edwards 7/5/06 904-307-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #