

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064239

FILED
Jan 28, 2009
Secretary of State

Entity Name: MIRACLE WINDOWS AND SUNROOMS, INC.

Current Principal Place of Business:

1024 LOCUST GAP HIGHWAY
MT CARMEL, PA 17851

New Principal Place of Business:

2000 LOCUST GAP HIGHWAY
MT CARMEL, PA 17851

Current Mailing Address:

1024 LOCUST GAP HIGHWAY
MT CARMEL, PA 17851

New Mailing Address:

2000 LOCUST GAP HIGHWAY
MT CARMEL, PA 17851

FEI Number: 20-4771124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 336372087 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FANELLI, GARY
Address: 1024 LOCUST GAP HIGHWAY
City-St-Zip: MT CARMEL, PA 17851

Title: D () Delete
Name: KEEGAN, SCOTT
Address: 132 ROOSEVELT ROAD
City-St-Zip: HYDE PARK, NY 12538

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FANELLI, GARY
Address: 2000 LOCUST GAP HIGHWAY
City-St-Zip: MT CARMEL, PA 17851

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CLINE, KENNETH E
Address: 83 SALIERNO ROAD
City-St-Zip: TUXEDO PARK, NY 17851

Title: D () Change (X) Addition
Name: BUGBEE, WILLIAM
Address: 149 HIDDEN PALONS LANE
City-St-Zip: PONTE VERDA BEACH, FL 32082

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: GARY FANELLI

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date