



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90195 023 \*\*\*150.00

DOCUMENT # P06000112360			
1. Entity Name MIRACLE MORTGAGE ASSOCIATES, INC.			
Principal Place of Business 2717 W. CYPRESS CREEK RD. SUITE 1143 FORT LAUDERDALE, FL 33309		Mailing Address 2717 W. CYPRESS CREEK RD. SUITE 1143 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box # 8436 NORTHSTAR CT Suite, Apt. #, etc.		3. Mailing Address 8436 NORTHSTAR CT Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33436		Country PALM BEACH	
Zip 33436		Country PALM BEACH	
6. Name and Address of Current Registered Agent JUNOR, KEITH B 5121 NE 17 TERRACE FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUNOR, KEITH B 5121 NE 17 TERRACE FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIXON, WANDA P 8436 NORTHSTAR CT. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Date: 5/28/08	Daytime Phone #: 561-262-3639
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT  
40106128  
#P06000112360

**Miracle Mortgage Associates, Inc.**  
8436 Northstar Ct. Boynton Beach, FL. 33436  
Ph: 561-262-3639 Fax: 561-423-2884

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

May 28, 2008

Dear Sir/Madame;

Due to moving of our office, we did not receive notice of this bill. Your recording stated the late fee will be waived for non receipt of notice.

Thank you for your help and consideration concerning this matter.

Sincerely,



Wanda Dixon