2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P07000012170

Entity Name: MIRACLES ADOPTION AGENCY, INC.

Current Principal Place of Business:

20 WEST UNIVERSITY AVENUE
SUITE 201
GAINESVILLE, FL 32601

New Principal Place of Business:

408 WEST UNIVERSITY AVENUE
SUITE 502
GAINESVILLE, FL 32601

Current Mailing Address:

20 WEST UNIVERSITY AVENUE
SUITE 201
GAINESVILLE, FL 32601

New Mailing Address:

408 WEST UNIVERSITY AVENUE
SUITE 502
GAINESVILLE, FL 32601

FEI Number: 32-0195584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARR, MICHELE B
20 WEST UNIVERSITY AVENUE
SUITE 201
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

BARR, MICHELE B
408 WEST UNIVERSITY AVENUE
SUITE 502
GAINESVILLE, FL 32601 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: 01/07/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: BARR, MICHELE B
Address: 20 WEST UNIVERSITY AVENUE, SUITE 201
City-St-Zip: GAINESVILLE, FL 32601

Title: VP,T ( ) Delete
Name: BARR, HARRY M
Address: 20 WEST UNIVERSITY AVENUE, SUITE 201
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: BRYANT, RICHARD
Address: 20 WEST UNIVERSITY AVE SUITE 201
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: BARR, MICHELE B
Address: 408 WEST UNIVERSITY AVENUE, SUITE 502
City-St-Zip: GAINESVILLE, FL 32601

Title: VP,T (X) Change ( ) Addition
Name: BARR, HARRY M
Address: 408 WEST UNIVERSITY AVENUE, SUITE 502
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Change ( ) Addition
Name: BRYANT, RICHARD
Address: 408 WEST UNIVERSITY AVE SUITE 502
City-St-Zip: GAINESVILLE, FL 32601

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: MICHELE B. BARR PRES 01/07/2009
Electronic Signature of Signing Officer or Director — Date