2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P09000043811

Entity Name: MIRACLE RESORT INTERNATIONAL HEALTH SPA, INC.

Current Principal Place of Business:

5400 BISCAYNE DR., SUITE A
NORTH POLE, FL 34287

New Principal Place of Business:

5400 BISCAYNE DR., SUITE A
NORTH PORT, FL 34287

Current Mailing Address:

P.O. BOX 7485
NORTH PORT, FL 34290

New Mailing Address:

FEI Number: 27-0266246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARDELIS, NICOLAS
2033 MAIN STREET, STE. 502
SARASOTA, FL 34237 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

OFFICERS AND DIRECTORS:

Title: P
Name: MATCHIN, BRUCE D.O.
Address: 516 HACIENDA STREET
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: BRIGGS, ROBERT B D.O.
Address: 436 TREMINGHAM WAY
City-St-Zip: VENICE, FL 34293

Title: V
Name: SUPISHCHEV, ANTONINA
Address: 11723 TEMPEST HARBOR LOOP
City-St-Zip: VENICE, FL 34292

I hereby 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 all other like empowered.

SIGNATURE: ANTONINA SUPISHCHEV V 04/21/2011

Electronic Signature of Signing Officer or Director Date