

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000027153

Entity Name: MIRACLES IN WOOD INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

8930 STATE RD 84, 181  
DAVIE, FL 33324 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

8930 STATE RD 84, 181  
DAVIE, FL 33324 US

## **New Mailing Address:**

FEI Number: 65-0424940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WAGNER, DEAN  
8930 STATE RD 84, 181  
DAVIE, FL 33324 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: WAGNER, DEAN  
Address: 8930 STATE RD 84, 181  
City-St-Zip: DAVIE, FL 33324

Title: VTS  
Name: WAGNER, TINA  
Address: 8930 STATE RD 84, 181  
City-St-Zip: DAVIE, FL 33324

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: DEAN WAGNER

P

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date