

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 018 ***150.00

DOCUMENT # P96000041586	
1. Entity Name MIRACLE MOTORS, INC.	

Principal Place of Business 2088 N. MONROE ST. TALLAHASSEE, FL 32303	Mailing Address 2088 N. MONROE ST. TALLAHASSEE, FL 32303
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50048482



2. Principal Place of Business 2819 Industrial Plaza Dr.	3. Mailing Address 2819 Industrial Plaza Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

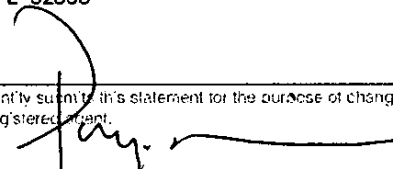
04292005 Chg-P CR2E034 (10/03)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Zip 32301
Country US	Country US

4. FEI Number 59-3379809	Applied For ☐ Not Applied
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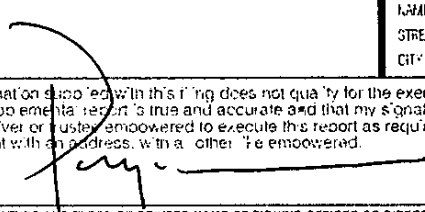
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HISS, PHILIP H 1816 WOODGATE WAY TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) 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 	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PST	☐ Delete	TITLE PST	☒ Change ☐ Addition
NAME HISS, PHILIP H IV		NAME Philip H Hiss	
STREET ADDRESS 2088 NORTH MONROE STREET		STREET ADDRESS 2819 Industrial Plaza Dr.	
CITY ST ZIP TALLAHASSEE, FL 32307		CITY ST ZIP Tallahassee, FL 32301	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

12. I hereby certify that the information disclosed with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a "other" if empowered.	
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	