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.

50048482

04292005 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
2819 Industrial Plaza Dr.	2819 Industrial Plaza Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country: US	Zip: 32301 Country: US

4. FEI Number 59-3379809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 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 ____

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PST HISS, PHILIP H IV ~~2088 NORTH MONROE STREET~~ TALLAHASSEE, FL 32307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PST Philip H Hiss 2819 Industrial Plaza Dr. Tallahassee, FL 32301	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #