## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2005 08:00 AM Secretary of State

ANNUAL REPURI					Secretary of State		
DOCUMENT # P9700068126  1. Entity Name MIRACLE ON LYMAN INC.				Secretary of State			
630 W. LYM	ce of Business AN AVENUE RK, FL 32789	Mailing Address 630 W. LYMAN AVENUE WINTER PARK, FL 32789					
				01272005	No Chg-P	CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-348		Applied For Not Applicable	
	6. Name and Address of Current Re	ogistered Agent	La desta de conse	Continuate	Or Status Desired	Fee Required	
630 W. LY	, HENRY L MAN AVENUE PARK, FL 32789			iki i jiyadayahigi	NOT W	Administration of the state of the secondaries	
8. The above the obligation	named entity submits this statement for the titions of registered agent.	ne purpose of changing its register	red office or registere	ed agent, or bo	h, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agont and	title if applicable. (NOTE: Register	ed Agent agnature required t	when reinstaling)		DATE	
		Election Campaign Fina     Trust Fund Contribution		00 May Be ed to Fees	U000002 02/02/05-8	11332 0111-016 158.75	
10.	ÖFFICERS AND DI	RECTORS		granda garang		and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MULLINS, HENRY 630 W LYMAN AVE WINTER PARK, FL 32789						
NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this fiting 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2 dos

407.599.7422

Daytime Phone t