2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068126

1. Entity Name
MIRACLE ON LYMAN INC.

Principal Place of Business	Mailing Address
630 W. LYMAN AVENUE WINTER PARK, FL 32789	630 W. LYMAN AVENUE WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01262006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3489232	Not Applicable

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

6. Name and Address of Current Registered Agent

MULLINS, HENRY L
630 W. LYMAN AVENUE
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be added to Fees	HOHUOUS40418 05/10/06-80016-019 158.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MULLINS, HENRY
STREET ADDRESS	630 W LYMAN AVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 07, 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: X _Henry L. Mullins_ _____ _April 24, 2006_ · 407-599-7420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #