


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000104958</b> 1. Entity Name <b>MIRACLE CHARTERS, INC.</b>	
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Principal Place of Business <b>150 SUNRISE DR 3B KEY BISCAVNE, FL 33149</b>	Mailing Address <b>150 SUNRISE DR 3B KEY BISCAVNE, FL 33149</b>
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01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0799103</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SVENDSEN, R C  
9610 OLD CUTLER RD  
CORAL GABLES, FL 33156**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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

000000479002  
04/08/06-80027-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SVENDSEN, R C 150 SUNRISE DR #3B KEY BISCAVNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS HOLMES, HENRY P 18486 NW 24 ST PEMBROKE PINES, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SVENDSEN, GAIL R 150 SUNRISE DR #3B KEY BISCAVNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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: 

MARCH 19, 2006 305 668 8938  
Date: \_\_\_\_\_ Caytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR