


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000081111 |  |
| 1. Entity Name MIRACLE NEIGHBORHOOD NETWORK LEARNING CENTER, INC. | |

| | |
|--|--|
| Principal Place of Business 2747 BLANDING BOULEVARD SUITE 104 MIDDLEBURG, FL 32068 | Mailing Address POST OFFICE BOX 130 MIDDLEBURG, FL 32050 |
|--|--|



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3630067 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent QUINONEZ, SUZANNE C 2747 BLANDING BOULEVARD SUITE 104 MIDDLEBURG, FL 32068 |
|--|

| |
|-----------------------------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIDDLETON, GAIL C 3205 ST. JOHNS AVE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KURTZ, PAULETTE K 3205 ST. JOHNS AVE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINONEZ, SUZANNE C 2747 BLANDING BOULEVARD, SUITE 104 MIDDLEBURG, FL 32068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADELBERG, JOANN 3205 ST. JOHNS AVE JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRANDL, TREVOR N 3205 ST. JOHNS AVE JACKSONVILLE, FL 322065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|

000000303728
04/14/05-80010-024 150.00

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: <u>Gail C Middleton</u> <i>Gail C</i> | <u>4/14/05</u> <i>(904)</i> | <u>389-8262</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |