

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081111

FILED  
May 01, 2009  
Secretary of State

Entity Name: MIRACLE NEIGHBORHOOD NETWORK LEARNING CENTER, INC.

**Current Principal Place of Business:**

2747 BLANDING BOULEVARD  
SUITE 102  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 130  
MIDDLEBURG, FL 320500130 US

**New Mailing Address:**

FEI Number: 59-3630067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINONEZ, SUZANNE C  
2747 BLANDING BOULEVARD  
SUITE 102  
MIDDLEBURG, FL 320680130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MIDDLETON, GAIL C  
Address: 2747 BLANDING BOULEVARD STE 102  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete  
Name: KURTZ, PAULETTE K  
Address: 2747 BLANDING BOULEVARD STE102  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete  
Name: QUINONEZ, SUZANNE C  
Address: 2747 BLANDING BOULEVARD, SUITE 102  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: BRANDL, TREVOR N  
Address: 2747 BLANDING BOULEVARD STE102  
City-St-Zip: MIDDLEBURG, FL 32068 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL C MIDDLETON

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date