

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 040 ***150.00

DOCUMENT # P99000103285
 1. Entity Name
MIRACLE MOTORSPORTS, INC.



Principal Place of Business: **1770 EXECUTIVE RD. WINTER HAVEN FL 33884**
 Mailing Address: **4099 LAKE ALFRED RD. WINTER HAVEN FL 33881**

50014088



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **1770 Executive Road**
 Suite, Apt. #, etc.
 3. Mailing Address: **1770 Executive Road**
 Suite, Apt. #, etc. **Winter Haven, FL**

City & State: **Winter Haven FL**
 Zip: **33884** Country: **USA**
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 Zip: **33884** Country: **USA**

4. FEI Number: **59-3610587**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
MACALUSO, JOHN
4099 LAKE ALFRED ROAD
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent
 Name: **John Macaluso**
 Street Address (P.O. Box Number is Not Acceptable):
1770 Executive Road
 City: **Winter Haven FL** Zip Code: **33884**

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: *John Macaluso* **John Macaluso** DATE: **2-5-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACALUSO, JOHN	
STREET ADDRESS	4099 LAKE ALFRED RD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CANTRELL, SHEILA C	
STREET ADDRESS	1203 THOMPSON CIRCLE N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John macaluso	
STREET ADDRESS	1770 Executive Road	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John Macaluso* **John Macaluso** DATE: **2-5-05** DAYTIME PHONE #: **863-324-4744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR