


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

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



Principal Place of Business Mailing Address
**1770 EXECUTIVE ROAD
WINTER HAVEN FL 33884** **1770 EXECUTIVE ROAD
WINTER HAVEN FL 33884**



2. Principal Place of Business 3. Mailing Address
Same as above *Same as above*
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-3610587 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MACALUSO, JOHN
1770 EXECUTIVE ROAD
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City **FL** Zip Code

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 reestablishing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MACALUSO, JOHN | |
| STREET ADDRESS | 1770 EXECUTIVE ROAD | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 000000407119 | |
| CITY-ST-ZIP | 02/08/06-80003-016 150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sheila Cantrell* *Sheila Cantrell* 1-28-06 863-324-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #