


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000103285 1. Entity Name MIRACLE MOTORSPORTS, INC.			
Principal Place of Business 1770 EXECUTIVE ROAD WINTER HAVEN FL 33884		Mailing Address 1770 EXECUTIVE ROAD WINTER HAVEN FL 33884	
2. Principal Place of Business - No P.O. Box # <i>1770 Executive Rd</i>		3. Mailing Address <i>1770 Executive Road</i>	
Suite, Apt. #, etc. <i>Winter Haven, FL 33884</i>		Suite, Apt. #, etc. <i>Winter Haven, FL</i>	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33884		Zip 33884	
Country FL		Country FL	
4. FEI Number 59-3610587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/06)	
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 reinstating) Signature, typed or printed name of registered agent and title, applicable _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MACALUSO, JOHN 1770 EXECUTIVE ROAD WINTER HAVEN FL 33884	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000603552 01/29/07-80018-008 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	ST CANTRELL, SHEILA C 1203 THOMPSON CIRCLE N.W. WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sheila Cantrell</i> <i>Sheila Cantrell</i> ST		Date: <i>1-20-07</i> Daytime Phone #: <i>863-324-4744</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	