
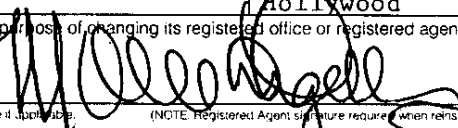
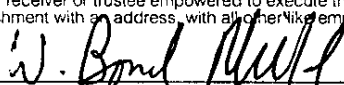


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 008 ***150.00

DOCUMENT # P01000008407					
1. Entity Name BOND & MEL MILLARD ENTERPRISES, INC.					
Principal Place of Business 1100 SE 5 CT #62 POMPANO BEACH, FL 33060			Mailing Address 3230 STIRLING RD STE 1 HOLLYWOOD, FL 33021		
2. Principal Place of Business 7000 Island Boulevard		3. Mailing Address c/o Morris Engelberg, Esq.			
Suite, Apt. #, etc. Suite 2008		Suite, Apt. #, etc. 4040 Sheridan Street			
City & State Aventura, Florida		City & State Hollywood, Florida		4. FEI Number 65-1070455	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33160	Country USA	Zip 33021	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGELBERG, MORRIS ESQ 3230 STIRLING RD STE 1 HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street City Hollywood FL Zip Code 33021		
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 MORRIS ENGELBERG, ESQ. 				03/27/2006	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLARD, WILLIAM BOND 1100 SE 5 CT, #62 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 7000 Island Boulevard, Suite 2008 Aventura, Florida 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLARD, MELENEY G 11702 COBBLESTONE DRIVE HOUSTON, TX 77024 <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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Nike empowered.					
SIGNATURE: 		Wm. Bond Millard, Pres. 03/27/2006 561-715-6745			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	