


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90123 004 ***150.00

DOCUMENT # P01000008418

1. Entity Name
 DAVID MILLARD ENTERPRISES, INC.




Principal Place of Business
 C/O ENGELBERG, & MILGRIM, P.L.
 3230 STIRLING RD, STE 1
 HOLLYWOOD, FL 33021 US

Mailing Address
 C/O ENGELBERG, & MILGRIM, P.L.
 3230 STIRLING RD, STE 1
 HOLLYWOOD, FL 33021 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04052005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent
 ENGELBERG, MORRIS ESQ
 C/O ENGELBERG, & MILGRIM, P.L.
 3230 STIRLING RD, STE 1
 HOLLYWOOD, FL 33021

4. FEI Number
 65-1070493

Applied For
 Not Applicable

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

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: *DK Millard* DATE: 4/11/05

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

9. Election Campaign Financing Trust Fund Contribution. \$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	PS MILLARD, DAVID RALPH III 3230 STIRLING RD, STE 1 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *DK Millard* DATE: 4/11/05 717-210 4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR