

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90170 040 ***175.00

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
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40065633



2. Principal Place of Business c/o Morris Engelberg, Esq. Suite, Apt. #, etc. 4040 Sheridan Street City & State Hollywood, Florida Zip 33021	Country USA	3. Mailing Address c/o Morris Engelberg, Esq. Suite, Apt. #, etc. 4040 Sheridan Street City & State Hollywood, Florida Zip 33021	Country USA
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03272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1070493	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENGELBERG, MORRIS ESQ C/O ENGELBERG, & MILGRIM, P.L. 3230 STIRLING RD, STE 1 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street City Hollywood FL Zip Code 33021
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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. *Morris Engelberg* 03/27/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	TD MILLARD, DAVID RALPH III 3230 STIRLING RD, STE 1 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T 4040 Sheridan Street Hollywood, Florida 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: David R. Millard, III *David R. Millard, III* 03/27/2006 713-210-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #