

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 028 ***550.00

DOCUMENT # P04000008431

1. Entity Name
 ML MILLER CARPET AND VINYL INSTALLATION, INC.



Principal Place of Business
~~1995 HEDDEN PLACE~~
 VERO BCH, FL 32966

Mailing Address
 P.O. BOX 651304
 VERO BEACH, FL 32965

40125473



2. Principal Place of Business - No P.O. Box #
 18 Sailfish Road
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 651304
 Suite, Apt. #, etc.

07132007 Chg-P CR2E034 (12/06)

City & State
 Vero Beach, Florida

City & State
 Vero Beach, FL 32960

4. FEI Number
 14-1903281

Applied For
 Not Applicable

Zip
 32960

Country
 U.S.A.

Zip
 32960

Country
 U.S.A.

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

6. Name and Address of Current Registered Agent

MILLER, MARK L
~~1995 HEDDEN PLACE~~
 VERO BCH, FL 32966

7. Name and Address of New Registered Agent

Name
 Mark L. Miller

Street Address (P.O. Box Number is Not Acceptable)
 18 Sailfish Road

City
 Vero Beach, FL

FL Zip Code
 32960

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: *Mark L. Miller* DATE: 7/13/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | O | <input type="checkbox"/> Delete |
| NAME | MILLER, MARK L | |
| STREET ADDRESS | 1995 HEDDEN PLACE | |
| CITY-ST-ZIP | VERO BCH, FL 32966 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MILLER, EDWIN ANDREW | |
| STREET ADDRESS | PO BOX 651304 | |
| CITY-ST-ZIP | VERO BEACH, FL 32965 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | MORIN, DEBRA J | |
| STREET ADDRESS | PO BOX 651304 | |
| CITY-ST-ZIP | VERO BEACH, FL 32965 | |
| 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"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *Mark L. Miller* DATE: 7/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR