2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State No Chg-P CR2E034 (11/05) 03302006 4. FEI Number Applied For 32-0147423 Not Applicable \$8.75 Additional e Required 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 Flonda. I am familiar with, and accept

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1. Entity Name

MILLROCK ENTERPRISES INC.



Principal Place of Business

Mailing Address

7439 RADIANT CIR ORLANDO, FL 32810

MILLER, ALFRED

CITY-ST-ZIP

the obligations of registered agent.

7439 RADIANT CIR ORLANDO, FL 32810

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ą.	5. Certificate of Status Desired			ш	
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	DO	NOT	IA/E	IT	

7439 RADIANT CIR	DO NOT WRITE
ORLANDO, FL 32810	IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title	Papplicable. (NOTE: Registered Agent	l signature	required when reinstating)	DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
THILE NAME STREET ADDRESS CITY-ST-ZIP	P/D MILLER, ALFRED 2349 RODDY RED RD OCOEE, FL 34761	<u>-</u> 2			U00000560821 05/18/06-80055-010 150.90 <b>DO NOT WRITE</b>		
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ITILE NAME STREET ADDRESS CITY-ST-ZIP				DO			
HITLE NAME STRLET ADDRESS CITY-ST-DP				IN THIS SPACE			
THEE NAME STREET ADDRESS CXTY-S1-ZIP							
TITLE NAME SIRELI ADDRESS							

12. I hereby certify that the information supplied with this filing does not quality 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 cath, 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 charged, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR