

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008837

FILED
Apr 09, 2009
Secretary of State

Entity Name: MILLER FLORIDA HOMES, INC.

Current Principal Place of Business:

3634 GAVIOTA DR.
RUSKIN, FL 33573

New Principal Place of Business:

Current Mailing Address:

3634 GAVIOTA DR.
RUSKIN, FL 33573

New Mailing Address:

FEI Number: 65-0476405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL L
3634 GAVIOTA DR.
RUSKIN, FL 33573 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, MICHAEL L
Address: 614 SUPERIOR AVE., N.W.
City-St-Zip: CLEVELAND, OH 44113 US

Title: PD () Delete
Name: MILLER, MICHAEL
Address: 3634 GAVIOTA DR
City-St-Zip: RUSKIN, FL 33573 US

Title: VS () Delete
Name: MILLER, MICHAEL L
Address: 614 SUPERIOR AVE. N.W.
City-St-Zip: CLEVELAND, OH 44113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLER, ROGER
Address: 638 CLIFF DR
City-St-Zip: APTOS, CA 95003 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: MILLER, ROGER
Address: 638 CLIFF DR..
City-St-Zip: APTOS, CA 95003 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. MILLER

PD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date