2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90230 030 ***150 00

DOCUMENT # S98150 1. Entity Name SELECT REAL ESTATE BY STEPHANIE MILLER, INC.					01-17-2006	90230 0.	30 13	0.00
Principal Place of Business Mailing Address 12651 MCGREGOR BLVD 12651 MCGREGOR BLVD #4-403 #4-403 FORT MYERS, FL 33919 FORT MYERS, FL 33919			US	4 1000 (1000)	60001821			
2. Principal Place of Business 9250 Grkscrew Rd 3. Mailing Address 9250 Covks			Muscrew	Red.				
Suite Apt. #, etc.				01092006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State Stero FL			4. FEI Number 65-0298122			olied For Applicable
Zip 3397	28 USA	^{Zip} 33928	Country		of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current Regi	stered Agent	Name	7. Name and	Address of New I	Registered A	gent	
COSTELLO, TRUMAN J. 12670 NEW BRITTANY BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
#101 FORT MYERS, FL 33907								
TOKT WITERO, TE 33307			City			FL	Zip Code	•
	named entity submits this statement for the ions of registered agent.	purpose of changing its re	egistered office or reg	istered agent, or bo	th, in the State of Fl	orida. I am fa	amiliar with, a	and accept
l li lo obligat	ions of regionarea agent.							
SIGNATURE.								
SIGNATURE.	Signature, typed or printed name of registered agent and bit	le if applicable. (NOTE: F	Registered Agent signature re	quired when reinstating)	1.17	DATE		
FIL	Signature, typed or printed name of registered agent and bit E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaige Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTORS	S IN 11
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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.

NAME

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED DE PRINTED NAME OF SIGNATURE OF SIGNATURE

STREET ADDRESS

CITY-ST-ZIP