2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# K60047

Entity Name: MILLING, INC.

Current Principal Place of Business:

327 E HIGHBANKS RD
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530128
DEBARY, FL 327530128

New Mailing Address:

FEI Number: 59-2927883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, WILLIAM J
32213 CHIPPEWA AVE.
DELAND, FL 32720 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: P ( ) Delete
Name: FLYNN, WILLIAM J.,
Address: 32213 CHIPPEWA AVE.
City-St-Zip: DELAND, FL

Title: V ( ) Delete
Name: PUGH, HARRY D,
Address: 1409 CHICHESTER ST
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete
Name: BAGWELL, JAMES L
Address: 710 ASHGROVE TERR.
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: SHALETT, CHARLES,
Address: 71 GRIZZLEY BEAR PATH
City-St-Zip: ORMOND BEACH, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLYNN, WILLIAM J.,
Address: 32213 CHIPPEWA AVE.
City-St-Zip: DELAND, FL 32720

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM J. FLYNN P 02/21/2005

Electronic Signature of Signing Officer or Director — Date