2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # P04000129122

1. Entity Name
03 MILK, INC.

FILED
Dec 08, 2008 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
6996 PIAZZA GRANDE AVE SUITE 202 ORLANDO, FL 32835	6996 PIAZZA GRANDE AVE SUITE 202 ORLANDO, FL 32835
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

12012008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1636763
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENEMI ASSOCIATES INC. 6996 PIAZZA GRANDE AVE SUITE 202 ORLANDO, FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNET, MIKE UNIT 6 REDHILL FARM BUSINESS PARK ELBERTON, BRISTOL U.K., BS35 4AL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert Pola 6996 Piazza Grande Ave. Ste. 202 Orlando, FL 32835 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZHENRY, TONY UNIT 6 REDHILL FARM BUSINESS PARK ELBERTON, BRISTOL U.K., BS35 4AL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000138696640 12/08/08--01065--007 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 12-03-08 321-293-0660.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #