


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90044 010 ***158.75

DOCUMENT # 197739

1. Entity Name
MILLER BEARINGS, INC.



Principal Place of Business
**17 S. WESTMORELAND DRIVE
 ORLANDO, FL 32805**

Mailing Address
**17 S. WESTMORELAND DRIVE
 ORLANDO, FL 32805**

40052411



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-0788465

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
ETHERIDGE, EDNA R 803 LAKE ADAIR BL N ORLANDO, FL 32804	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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	PDST FABER, CRAIG O 2211 CROSS LAKE ROAD BELLE ISLE, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dougherty, Dana 667 Longlake Dr. Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAZO, BEN 7553 WOODBRIAR CT ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Schumacher, Glen A. 4591 South Hampton Dr. Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROCATO, RAYMOND 13618 FOX GLOVE ST WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CD Anderson, Richard B. 1273 Sara Court Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARS, LYNNE E 1201 STETSON ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Matthews, Owen 2034 Cove Trail Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHERIDGE, EDNA R 803 LAKE ADAIR BLVD. N. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, KEITH D 4209 BROOKE DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dana Dougherty **Dana Dougherty**

Date: 4/3/07 Daytime Phone #: 407 425 9078 x114