


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90014 015 \*\*\*150.00

<b>DOCUMENT # 238985</b> 1. Entity Name <b>MILBEN CORPORATION</b>	
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Principal Place of Business <b>2121 E. VINA DEL MAR P.O. BOX 46468 ST. PETERSBURG BEACH, FL 33741</b>	Mailing Address <b>2121 E. VINA DEL MAR P.O. BOX 46468 ST. PETERSBURG BEACH, FL 33741</b>
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40048330



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-6076817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>IRWIN, MILLER 2121 E VINA DEL MAR SAINT PETERSBURG, FL 33706</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, IRWIN 2121 E VINA DEL MAR ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MILLER, IRWIN 2121 EVINA DEL MAR ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENJAMIN, MARILYN 6650 SUNSET WAY APT 419 ST PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, SONYA 2121 E E VINADELMAR ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/13/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #