



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90059 039 \*\*\*150.00

<b>DOCUMENT # 296369</b> 1. Entity Name <b>GUS MILLER REAL ESTATE, INC.</b>					
Principal Place of Business <b>350 EAST JACKSON ST SUITE 1104 ORLANDO, FL 32801 US</b>			Mailing Address <b>350 EAST JACKSON ST SUITE 1104 ORLANDO, FL 32801 US</b>		
2. Principal Place of Business - No P.O. Box # <b>350 E. JACKSON ST.</b>		3. Mailing Address <b>350 E. JACKSON ST.</b>		<b>40117298</b> 	
Suite, Apt. #, etc. <b>1104</b>		Suite, Apt. #, etc. <b>1104</b>		05032007 Chg-P CR2E034 (12/06)	
City & State <b>ORLANDO FL.</b>		City & State <b>ORLANDO FL.</b>		4. FEI Number <b>59-1087654</b>	
Zip <b>32801</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLER, GUSTAVE 350 EAST JACKSON ST SUITE 1104 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Gustave A. Miller</i></u> DATE <u><b>05-15-07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GUSTAVE 350 EAST JACKSON ST SUITE 1104 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, PAMELA 30 JASMINE DR DEBARY, FL 327132452	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <u><i>Gustave A. Miller</i></u> DATE <u><b>05-15-07</b></u> (407) 275-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		