2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372748

Entity Name: MYLES UNLIMITED, INC.

FILED Mar 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2263 S.W. 37 AVENUE MIAMI, FL 331453009 US

Current Mailing Address: New Mailing Address:

2263 S.W. 37 AVENUE PO BOX 140099

MIAMI, FL 331453009 US CORAL GABLES, FL 331140099 US

FEI Number: 20-1384583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, AARON M
2263 SW 37 AVE
2931 LOUISE STREET

MIAMI, FL 331453009 US COCONUT GROVE, FL 331333733 US

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: 03/31/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 MORRIS,AARON,
 Name:
 MORRIS, AARON M

 Address:
 2931 LOUISE ST
 Address:
 2931 LOUISE ST

City-St-Zip: COCONUT GROVE, FL 331333733 US City-St-Zip: COCONUT GROVE, FL 331333733 US

Title: SD () Delete Title: PD (X) Change () Addition

 Name:
 ANNA, MORRIS
 Name:
 ANNA, MORRIS

 Address:
 2931 LOUISE ST
 Address:
 2931 LOUISE ST

City-St-Zip: COCONUT GROVE, FL 331333733 US City-St-Zip: COCONUT GROVE, FL 331333733 US

Title: () Delete Title: SD () Change (X) Addition

Name: Name: LEONARD, KEITH

Address: Address: 2851 WEST TRADE AVENUE
City-St-Zip: City-St-Zip: COCONUT GROVE, FL 33133

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: AARON M. MORRIS VPD 03/31/2005