2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# 372748

Entity Name: MYLES UNLIMITED, INC.

Current Principal Place of Business:

2931 LOUISE STREET
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2931 LOUISE STREET
COCONUT GROVE, FL 33133 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORRIS, AARON M
2931 LOUISE STREET
COCONUT GROVE, FL 331333733 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD
Name: MORRIS, AARON M
Address: 2931 LOUISE ST
City-St-Zip: COCONUT GROVE, FL 331333733 US

Title: PD
Name: MORRIS, ANNA R
Address: 2931 LOUISE ST
City-St-Zip: COCONUT GROVE, FL 331333733 US

Title: D
Name: LEONARD, KEITH
Address: 148 OX CREEK ROAD
City-St-Zip: WEAVERVILLE, NC 28787

Title: D
Name: FAULKNER, ROBERTA L
Address: 144 OX CREEK ROAD
City-St-Zip: WEAVERVILLE, NC 28787

Title: D
Name: MORRIS, LISA B
Address: 3420 ANDERSON ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: FAULKNER, SARA
Address: 144 OX CREEK ROAD
City-St-Zip: WEAVERVILLE, NC 28787

I hereby 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 all other like empowered.

SIGNATURE: AARON M MORRIS TD 04/18/2012

Electronic Signature of Signing Officer or Director Date