
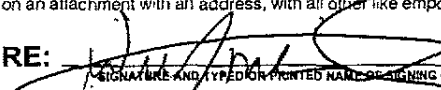


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 422613</b> 1. Entity Name <b>MILORD DEVELOPMENT CORPORATION</b>		
Principal Place of Business <b>3600 SOUTH CONGRESS AVENUE SUITE I BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>3600 SOUTH CONGRESS AVENUE SUITE I BOYNTON BEACH, FL 33426 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MILORD, WILLIAM J MR. 3600 SOUTH CONGRESS AVENUE SUITE I BOYNTON BEACH, FL 33426</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and LLC if applicable (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		4. FEI Number <b>59-1469910</b> Applied For <input type="checkbox"/> Not Applicable
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILORD, PAUL J MR. 9801 SOUTH INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MILORD, KEVIN T MR. 9801 SOUTH INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILORD, WILLIAM J MR. 3600 SOUTH CONGRESS AVENUE, SUITE I BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILORD, PHIL MR. 9801 SOUTH INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, MICHAEL MR. 9801 SOUTH INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <b>WILLIAM J. MILORD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/16/06</b> <b>561-738-1773</b> <small>Date Daytime Phone #</small>



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