

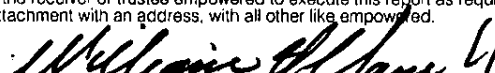


FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # 460283				Secretary of State	
1. Entity Name MILHART CONTRACTORS CORPORATION					
Principal Place of Business 3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND, FL 33807-5498 US		Mailing Address 3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND, FL 33807-5498 US			
DO NOT WRITE IN THIS SPACE					
		01312007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-1551746		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRELL, WILLIAM Y. 4910 LUCE RD. LAKELAND, FL 33813		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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				DATE 02/28/07-80023-024 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PD HARRELL, WILLIAM Y. 4910 LUCE RD LAKELAND, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DST HARRELL, MARY E 4910 LUCE RD LAKELAND, FL 338132328			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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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: 		1-31-07 863-665-1321			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			