2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 770834

Entity Name: MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

C/O JPM SERVICES
P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

New Principal Place of Business:

Current Mailing Address:

C/O JPM SERVICES
P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

New Mailing Address:

FEI Number: 59-2616206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: LEONARD, CHARLES
Address: 13353 SW 59TH TERR
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete
Name: ALBURY, CINDY
Address: 5911 SW 133 CT.
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: PADILLO, JOSE
Address: 13346 SW 60 TR.
City-St-Zip: MIAMI, FL 33183

Title: SD ( ) Delete
Name: PIND, LULU
Address: 5917 SW 133 PL
City-St-Zip: MIAMI, FL 33183

Title: VD ( ) Delete
Name: OGUENDO, DIEGO
Address: 13305 SW 59 TR.
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ALBURY, CINDY
Address: 5911 SW 133 CT.
City-St-Zip: MIAMI, FL 33183

Title: D (X) Change ( ) Addition
Name: SOBRADO, JESUS
Address: 5919 SW 133 CT.
City-St-Zip: MIAMI, FL 33183

Title: TD (X) Change ( ) Addition
Name: TRAVIESO, LUIS
Address: 5920 SW 133 PL
City-St-Zip: MIAMI, FL 33183

Title: VD (X) Change ( ) Addition
Name: OQUENDO, DIEGO
Address: 13305 SW 59 TR.
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LEONARD PD 01/13/2006

Electronic Signature of Signing Officer or Director — Date