

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857499

FILED
Apr 15, 2009
Secretary of State

Entity Name: DENNIS MILLICAN & ASSOCIATES, INC.

Current Principal Place of Business:

2699 STIRLING RD, STE C106
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

5850 CORAL RIDGE DRIVE
205
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

2699 STIRLING RD, STE C106
FT. LAUDERDALE, FL 33312

New Mailing Address:

5850 CORAL RIDGE DRIVE
205
CORAL SPRINGS, FL 33076 US

FEI Number: 38-2374518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLICAN, DENNIS
Address: 2699 STIRLING RD. #C106
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: SD () Delete
Name: MILLICAN, I GAIL
Address: 2699 STIRLING RD. #C106
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLICAN, DENNIS
Address: 5850 CORAL RIDGE DRIVE, SUITE 205
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: SD (X) Change () Addition
Name: MILLICAN, I GAIL
Address: 5850 CORAL RIDGE DRIVE, SUITE 205
City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL MILLICAN

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date