2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000004967

1. Entity Name
MILLSWAY PROPERTIES GP, INC.

Principal Place of Business	Mailing Address
11215 SHADY TRAIL DALLAS, TX 75229	11215 SHADY TRAIL DALLAS, TX 75229

DO NOT WRITE IN THIS SPACE

04112007　　No Chg-P　　CR2E034 (11/05)

4. FEI Number	Applied For
33-1030348	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKER, LETHA
161 CHERRY LAUREL
PALM HARBOR, FL 34683

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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000764600
05/31/07-80001-013 650.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLS, ANTHONY D
STREET ADDRESS	11215 SHADY TRAIL
CITY-ST-ZIP	DALLAS, TX 75229
TITLE	STD
NAME	BROADWAY, JOHN T
STREET ADDRESS	11215 SHADY TRAIL
CITY-ST-ZIP	DALLAS, TX 75229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Anthony Mills_　4/11/07　972-488-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #