


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F06000002210</b> 1. Entity Name MILONE & MACBROOM, INC.	
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Principal Place of Business 99 REALTY DRIVE CHESHIRE, CT 06410	Mailing Address 99 REALTY DRIVE CHESHIRE, CT 06410
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**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1117358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILONE, JOHN M JR 99 REALTY DRIVE CHESHIRE, CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MACBROOM, JAMES G 99 REALTY DRIVE CHESHIRE, CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDERMONT, VINCENT C 99 REALTY DRIVE CHESHIRE, CT 06410
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02/20/07-80023-020 150.00

**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:**  **John M. Milone** 1/25/07 203-271-1773

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