2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F08000001096

Entity Name: MILLARD GROUP, INC.

Current Principal Place of Business:

5711 SOUTH 86 CIRCLE
OMAHA, NE 68127

New Principal Place of Business:

Current Mailing Address:

5711 SOUTH 86 CIRCLE
OMAHA, NE 68127

New Mailing Address:

FEI Number: 02-0333041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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: C ( ) Delete
Name: GUPTA, VINOD
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: SD ( ) Delete
Name: VAKILI, FRED
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: VPD ( ) Delete
Name: PEREZ, BENJAMIN
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: T ( ) Delete
Name: DEAN, STORMY
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: P ( ) Delete
Name: MALLIN, ED
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: FAIRFIELD, BILL
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: VP (X) Change ( ) Addition
Name: DEAN, STORMY
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: SEC (X) Change ( ) Addition
Name: MCCUSKER, TOM
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: CFO (X) Change ( ) Addition
Name: OBERDORF, TOM
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

Title: PRES (X) Change ( ) Addition
Name: MALLIN, ED
Address: 5711 SOUTH 86 CIRCLE
City-St-Zip: OMAHA, NE 68127

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: STORMY DEAN VP 04/28/2009

Electronic Signature of Signing Officer or Director Date