2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# F47244

Entity Name: MILLIKEN & MILLIKEN, INC.

Current Principal Place of Business:

101 S. MCCALL RD.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

101 S.MCCALL RD.
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2127588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIKEN K.L.
305 GLADSTONE BLVD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

SHAWN MILLIKEN
710 BUCKSKIN CT
ENGLEWOOD, FL 34223 US

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: SHAWN MILLIKEN 04/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: MILLIKEN, K.L.,
Address: 305 GLADSTONE BLVD
City-St-Zip: ENGLEWOOD, FL

Title: VSTD ( ) Delete
Name: MILLIKEN, CAROL M.,
Address: 305 GLADSTONE BLVD
City-St-Zip: ENGLEWOOD, FL

Title: PD ( ) Delete
Name: MILLIKEN, SHAWN L
Address: 710 BUCKSKIN CT
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: MILLIKEN, K.L.,
Address: 1085 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: VSTD (X) Change ( ) Addition
Name: MILLIKEN, CAROL M.,
Address: 1085 BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. MILLIKEN V 04/05/2006
Electronic Signature of Signing Officer or Director Date