
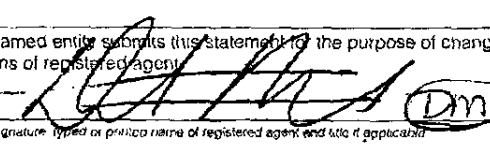


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F58921 1. Entity Name MILLER WOODCRAFT, INC.																													
Principal Place of Business 1210 STIRLING ROAD SUITES 1A AND 1B DANIA FL 33004			Mailing Address 1210 STIRLING ROAD SUITES 1A AND 1B DANIA FL 33004																										
2. Principal Place of Business Suits, Apt. #, etc.			3. Mailing Address Suits, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-2281162																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>																									
6. Name and Address of Current Registered Agent MILLER, DEBRA 447 N.W. 107 AVE CORAL SPRINGS FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 transferring)																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">STD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>447 N.W. 107 AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL SPRINGS FL 33071</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">11111111111111111111</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>03/23/06-80056-017 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	STD	<input type="checkbox"/> Delete	NAME	MILLER, DEBRA		STREET ADDRESS	447 N.W. 107 AVE		CITY- ST- ZIP	CORAL SPRINGS FL 33071		TITLE	11111111111111111111	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	03/23/06-80056-017 150.00		STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

03/02/06 954-584-020