


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F79670
1. Entity Name
MILLER & PONN, P.A.



Principal Place of Business 1525 N PARK DRIVE STE 102 WESTON, FL 33326	Mailing Address 1525 N PARK DRIVE STE 102 WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2189046	Applied For Not Applicable
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5: Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONN, DENNIS
1525 N PARK DRIVE STE 102
WESTON, FL 33326

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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 _____
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PONN, ENID MILLER 1525 N PARK DRIVE STE 102 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PONN, DENNIS 1525 N PARK DRIVE STE 102 WESTON, FL 33326
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01/26/07-80043-005 150.00

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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: _____ *Dennis Ponn - President* 1/5/07 954-349-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #