
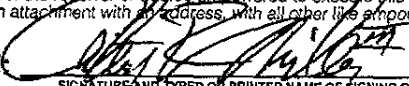


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F82481 1. Entity Name A. R. MILLER ENGINEERING, INC.		
Principal Place of Business 1516 HILLCREST ST SUITE 212 ORLANDO, FL 32803 US		Mailing Address P O BOX 2689 ORLANDO, FL 32802 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent A. R. MILLER, III 1516 HILLCREST ST SUITE 212 ORLANDO, FL 32803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000533807 05/06/06-80137-020 159.75
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	MILLER, ARTHUR R III	
STREET ADDRESS	1516 HILLCREST ST, # 212	
CITY - ST - ZIP	ORLANDO, FL 32803	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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CITY - ST - ZIP		
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  Arthur R. Miller, III		4/21/06 407-841-4084
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>