


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-13-2007 90017 010 ***150.00

DOCUMENT # F93000002196	
1. Entity Name MILLS DISTRIBUTORS, INC.	

Principal Place of Business POST OFFICE BOX 850144 MOBILE, AL 36685-0144	Mailing Address POST OFFICE BOX 850144 MOBILE, AL 36685-0144
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0920440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLS, WILLIAM W JR.
3381 BILL METZGER W
PENSACOLA, FL 32514**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	MILLS, WILLIAM W SR. 30 MAURY DR. MOBILE, AL 36608
TITLE S	MILLS, TIMOTHY H 7292 CARSON RD. MOBILE, AL 36695
TITLE T	MILLS, WILLIAM W JR. 4625 SHANNON CIRCLE PENSACOLA, FL 32504
TITLE VP	MILLS, JOHN C 5534 NASSAU DR. MOBILE, AL 36608
TITLE VP	POLLMAN, MARY M 3711 SWANEAS DR MOBILE, AL 36608
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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:  _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Overtime Phone # _____