

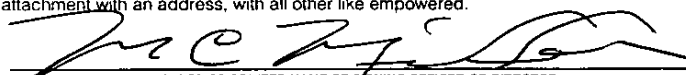


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000003267 1. Entity Name M.C. MILLER CO.						FILED 06 SEP -1 AM 10: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3020 AVIATION BLVD. VERO BEACH, FL 32960				Mailing Address 3020 AVIATION BLVD. VERO BEACH, FL 32960			
2. Principal Place of Business		3. Mailing Address		08252006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 22-1777475		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLER, MARK 3020 AVIATION BLVD. VERO BEACH, FL 32960				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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee 900079522129 06/06--01036--019 **61.25			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MILLER, MELVIN C II 3020 AVIATION BLVD. VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Paula Wiley 3020 Aviation Blvd VERO Beach FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBERTS, ALBERT 3020 AVIATION BLVD VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/30/11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				M.C. Miller Date		772/794-9448 Daytime Phone #	