2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H78427

1. Entity Name
SAENGER MILO INC.

Principal Place of Business	Mailing Address
C/O ROBIN SAENGER 36 ADA ST TARPON SPRINGS, FL 34689	36 ADA ST. TARPON SPRINGS, FL 34689 US

DO NOT WRITE IN THIS SPACE

03082006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2576534		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAENGER, ROBIN
36 ADA STREET
TARPON SPRINGS, FL 34689

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10000000479080
04/08/06-80030-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SAENGER, ROBIN
STREET ADDRESS	36 ADA ST
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
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 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: _Robin Spenr_ ROBIN SAENGER 3/21/2006 727-9342379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #