

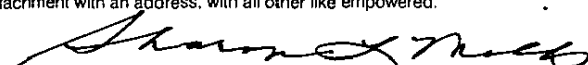


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90229 014 \*\*\*150.00

<b>DOCUMENT # J15814</b> 1. Entity Name <b>MILLS MORTGAGE, INC.</b>					
Principal Place of Business <b>7779 STARKEY RD. SEMINOLE, FL 33777 US</b>			Mailing Address <b>7779 STARKEY RD. SEMINOLE, FL 33777 US</b>		
2. Principal Place of Business <b>26340 US HWY 19N</b>		3. Mailing Address <b>26340 US HWY 19N</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04042006    Chg-P    CR2E034 (11/05)	
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL</b>		4. FEI Number <b>59-2674823</b>	
Zip <b>33761</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33761</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHULAR, TIMOTHY C 9075 SEMINOLE BLVD SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MILLS, SHARON L <input type="checkbox"/> Delete 7779 STARKEY RD SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILLS, SHARON 26340 US HWY 19N CLEARWATER FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete BRUSSOW, JAMES F 7779 STARKEY RD SEMINOLE, FL 34647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GLISSON, DIXIE E 26340 US HWY 19N CLEARWATER FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete GREGOVICH, ROBERT 7779 STARKEY RD SEMINOLE, FL 33777		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			4-27-06    727-796-0055 <small>Date    Daytime Phone #</small>		