


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90110 038 ***150.00

DOCUMENT # J69118	
1. Entity Name RALPH B. MILLS III, INC.	

Principal Place of Business 6565 TAFT STREET #101 HOLLYWOOD, FL 33024	Mailing Address APT 115 9121 SUNRISE LAKES BLVD FORT LAUDERDALE, FL 33322
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 333 LAS OLAS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 406
City & State	City & State FT. LAUDERDALE
Zip	Zip 33301
Country	Country FLORIDA



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2812209	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLS, RALPH B. APT 115 9121 SUNRISE LAKES BLVD FORT LAUDERDALE, FL 33322	7. Name and Address of New Registered Agent Name RALPH B. MILLS III Street Address (P.O. Box Number is Not Acceptable) # 406 333 LAS OLAS WAY City FT LAUDERDALE FL Zip Code 33301
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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.

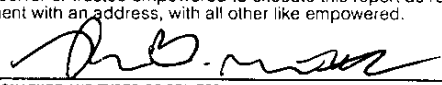
SIGNATURE  **RALPH B. MILLS III** 1-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MILLS, RALPH B. III APT 406 333 LAS OLAS WAY FORT LAUDERDALE, FL 33301 <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	DVP MILLS, DANEEN APT 406 333 LAS OLAS WAY FORT LAUDERDALE, FL 33301 <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
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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:  **RALPH B. MILLS III** **PRESIDENT** 1-31-07 **9546475002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #