2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ON

FILED May 02, 2008 08:00 AN Secretary of State

DOCUMENT # M662`

1. Entity Name

JOHN P. MILLER C.P.A., P.A.



Principal Place of Business

2499 GLADES RD

STE 305A

BOCA RATON, FL 33431 US

Mailing Address

2499 GLADES RD STE 305A

BOCA RATON, FL 33431



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0025709

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P 2499 GLADES RD **STE 305A**

SIGNATURE:

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431			IN THIS SPACE			
				the second second	Land and the contract of the second	
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	I		the state of the s	
TITLE	D			P. W.		
NAME STREET ADDRESS	MILLER, JOHN P. CPA 2499 GLADES RD, STE 305A			· · ·	्रेष्ट के विश्वती इस्त्री	
CITY-ST-ZIP	BOCA RATON, FL				Property of the state of	
TITLE			1		10 as 14 as 15 as 16	
NAME	1			•	H00000946252	
STREET ADDRESS				1 4 4 2 5 2	U00000946252 30708-80041-010*150.00	
CITY-ST-ZIP			ł			
TITLE NAME						
STREET ADDRESS			٠			
CITY-ST-ZIP			1	DO NO	T WRITE	
TITLE					S SPACE STATES	
NAME						
STREET ADORESS CHTY-ST-ZIP				* 4		
TITLE	·		, 4 t = 1	一点一个一个人的	fine to be builded the first of	
NAME				1	The state of the s	
STREET ADDRESS					all the in the San I talk in the state of the original transfer and the san in the san i	
CITY-ST-ZIP						
TITLE			· ·			
NAME STREET ADDRESS					The Table To be believed to the	
CITY-ST-ZIP					6	
12. I hereby certify that the information supptied 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 frue 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 title receiver or trustee employeered 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.						