2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N05000006392

Entity Name: MILLER ONE ENTERPRISES, INC.

Current Principal Place of Business:

3888 NE 55TH CT
SILVER SPRINGS, FL 34489

New Principal Place of Business:

Current Mailing Address:

P O BOX 2259
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 57-1222744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, LUTHER JR
3888 NE 55TH CT
SILVER SPRINGS, FL 34489 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: BM ( ) Delete
Name: SIMS, CALVIN
Address: 2631 NE 10TH ST. #611
City-St-Zip: OCALA, FL 34470

Title: BM ( ) Delete
Name: MILLS, TANESAH
Address: 1615 NW 20TH AVE.
City-St-Zip: OCALA, FL 34475

Title: BM ( ) Delete
Name: HIGH, MARGARET
Address: 327 NW 56TH AVE.
City-St-Zip: OCALA, FL 34470

Title: BM ( ) Delete
Name: GERARD, DEBORAH
Address: 1417 SE 43RD AVE
City-St-Zip: OCALA, FL 34471

Title: BM ( ) Delete
Name: LONG, CATHY
Address: 6644 SE 89TH ST.
City-St-Zip: OCALA, FL 34472

Title: BM ( ) Delete
Name: MARK, MIQUELL
Address: 2175 SE 79TH ST.
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN SIMS BM 04/23/2006

Electronic Signature of Signing Officer or Director — Date