2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P00000023431 1. Entity Name MILLWOOD INC. Mailing Address Principal Place of Business 4104 SE US HWY 301 23021 C RD 1703 MALAKOFF, TX 75148 HAWTHORNE, FL 32640 04202006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3659716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASTAUER, GEORGE DO NOT WRITE 23004 NE CRD 1474 HAWTHORNE, FL 32640 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. _Added to Fees OFFICERS AND DIRECTORS 10. TITLE GASTAUER, GEORGE NAME STREET ADDRESS 23004 NE CRO 1474 CITY-ST-ZIP HAWTHORNE, FL 32640 TITLE NAME U00000557272 U5/17/06-80044-008 150.00 STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4-2806 X 903 489-1935

FILED