
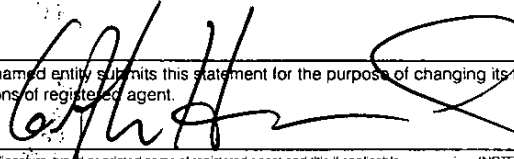



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90028 019 ***150.00

DOCUMENT # P00000072538 1. Entity Name MILAM HOWARD NICANDRI DEES & GILLAM, P.A.					
Principal Place of Business 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202			Mailing Address 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202		
2. Principal Place of Business 208 N Laura St Suite, Apt. #, etc. # 800 City & State Jacksonville FL Zip 32202		3. Mailing Address 208 N Laura St Suite, Apt. #, etc. # 800 City & State Jacksonville Zip 32202		4. FEI Number 59-3660766 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HOWARD, G. ALAN 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 208 N Laura St #800 City Jacksonville FL Zip Code 32202		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  G. Alan Howard 1.31.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HOWARD, G. ALAN 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	208 N Laura St #800 Jacksonville FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICANDRI, PETER E 50 N LAURE STREET, SUITE 2900 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	208 N Laura St #800 Jacksonville FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  G. Alan Howard 1.31.06 9043573660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60010000



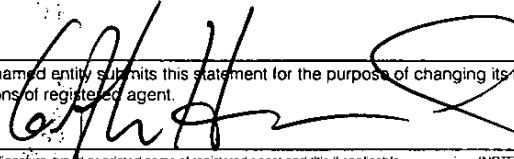
01312006 Chg-P CR2E034 (11/05)

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Name
Street Address (P.O. Box Number is Not Acceptable)
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City Jacksonville FL Zip Code 32202


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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #