2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R	EPORT (AF	<u> </u>	¬ Apr 03, 2006	08:00 AM
DOCU t. Entity Nam	MENT # P000001044	13		Secretary	of State
MILART, I	INC.			7	
Principal Plac	e of Business	Mailing Address		_	
7042 DARWOOD LN		7042 DARWOOD LN			
TALLAHAS	SEE FL 32317	TALLAHASSEE FL 32	2317		
2. Principal Place of Business		3. Mailing Adgress		1 1980/981 DJ 940/1 BRUI BBII BRIII	delic diet greef hezz litusi n 1999)
Suite, Apl. #, etc.		Suite, Apt. #, etc.		1st MOORE CRZE	034 (10/05)
City & State		City & State		4. FEI Number 61-0679691	Applied For Not Applicat
Z)p	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Register	red Agent
BRANSTETTER, JUDITH 7042 DARWOOD LN TALLAHASSEE FL 32317				is (P.O. Box Number is Not Acceptable)	<del></del>
			Silect Address	a (1 C Box Mander (2 Net Addoption)	
			City		FL Zip Code
	named entity submits this statement tions of registered agent.	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida !	am familiar with, and accep-
SIGNATURE	Signature, typed or primed name of registered ager	u and this il applicable (NC	ITE: Registored Agent signature requi	ored when remissions() DI	nre .
F	ILE NOW!!! FEE IS \$150.00	-		9. Election Campaign Fir	nancing \$5.00 May Be
	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			Trust Fund Contributio	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	
RILE	D SPANISTETTED WINTE	☐ Deicte	TITLE NAME	ປກກກກ4886	Change 📑 Addition
NAME STREET ADDRESS	BRANSTETTER, JUDITH 7042 DARWOOD LN		STREET ADDRESS	U0000048863 04/17/ <b>0</b> 6-80018	5–007 150.00
ENTY ST-ZIP	TALLAHASSEE FL 32317	·	CHY-ST-ZIP		
TITLE	{	☐ Delete	Toile Manne		Change 🔲 Addition
STREET ACORESS			STREET ADDRESS		
CITY-ST-ZIF			CITY-ST-ZIP		
TITLE NAME		☐ Delcte	TITLE NAME		Change Addition
STREET ADDRESS			STRLET ADDRESS		
C114-21-31b			E((Y-51-7)P		
MILE		Delete	DAF		Change
NAME SIREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Defete	ELLE		Change Addition
NAME PERFE ADDRESS			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CATY -ST-ZIP		
TITLE		☐ Dalete	τιιις		Change   Additio
NAME		·	NAME		
STREET ADDRESS CITY-ST-ZIP			SIMEELADDRESS CITY-SY-ZIP		
l	certify that the information contributes	ith this filling does not multi-		uned in Section 119 Florida Statutes 1 hurbs	c certify that the information
indicated of the on	is on this report or supplemental report suppration or the receiver or trustee er	is true and accurate and that notwered to execute this rec	t my signature shall have the off as required by Chapter	imed in Section 119, Florida Statutes. I furthe he same legal effect as if made under oath, the 607, Florida Statutes; and that my name app	nat I am an officer or director years in Block 10 or Block 11
d change	ed, or on an attachment with an address	ess, with all other like empow	ered.		

Granketer Judith Bransteller 3/23/06

**FILED**