2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # P01000008407 04-24-2008 90096 033 ***150.00 BOND & MEL MILLARD ENTERPRISES, INC. 40079242 Principal Place of Business Mailing Address 3814 N.E. 166th Street C/O MORRIS ENGELBERG, ESQ **4040 SHERIDAN STREET** N. Miami Beach, Fl. 33160 HOLLYWOOD, FL 33021 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1070455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGELBERG, MORRIS ESQ DO NOT WRITE 4040 SHERIDAN STREET HOLLYWOOD, FL 33021 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. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 1,0. **PSD** TITLE MILLARD, WILLIAM BOND NAME 3814 N.E. 166th Street STREET ADDRESS N. Miami Beach, Florida 33160 TITLE DT MILLARD, MELENEY G NAME 11702 COBBLESTONE DRIVE STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77024 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP

Daytime Phone #

FILED