2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008418

1. Entity Name

DAVID MILLARD ENTERPRISES, INC.



Mailing Address

C/O MORRIS ENGELBERG ESQ 4040 SHERIDANS ST HOLLYWOOD, FL 33021 US

Principal Place of Business

SIGNATURE:

C/O MORRIS ENGELBERG ESQ 4040 SHERIDANS ST HOLLYWOOD, FL 33021 US FILED Apr 30, 2007 08:00 All Secretary of State



04/12/07

713-210-4368

Daytime Phone #

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| U | O NOT WRITE II | 4. FEI Numbe 65-107 | | 493 | | Applied For Not Applicable | | |
| | | | | 5. Certificate o | f Status Desired | | 75 Additional Required | |
| | 6. Name and Address of Current Regis | tered Agent | | | | | | 7 |
| ENGELBERG, MORRIS ESQ 4040 SHERIDAN ST · HOLLYWOOD, FL 33021 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | IN I | HIS 5P | ACE | | |
| | named entity submits this statement for the plons of registered agent. | ourpose of changing its registere | ed office or register | red agent, or both | , in the State of Flo | rida. I am famili | ar with, and accept | - |
| SIGNATURE. | Signature, typed or printed name of registered agent and bitle | Il applicable (NOTE: Registered | d Agent signature required | d when reinstating) | | DATE | <u> </u> | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | | .00 May Be led to Fees | * | • | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | 7 |
| TITLE | DPST | | | | | | | |
| NAME | MILLARD, DAVID RALPH III | | | | | | | - |
| STREET ADDRESS CITY-ST-ZIP | 4040 SHERIDAN ST HOLLYWOOD, FL 33021 | | | | | | | |
| TITLE | 110021110005,12 00021 | | 1 | | | | | i |
| NAME | | | | | HOG | 00007418 | 18 | |
| STREET ADDRESS | | | | | 05/15/ | 07-8004 | 4–022 150. | , the |
| CITY-ST-ZIP | | | | | | | | T |
| TITLE | | | : | | | | | |
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| NAME STREET ADDRESS | | | | | | | | |
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| NAME | | | | | | | | |
| STREET ADDRESS | | | l | | | | | |
| CITY-ST-ZIP | | | | | | | | |
| 12. I hereby of indicated of the corp changed, | erlify that the information supplied with this fi on this report or supplemental report is true a ocration or the receiver or trustee empowered or on an attachment with an address, with all | ling does not qualify for the exe and accurate and that my signate to execute this report as require other like empowered. | mptions contained ure shall have the ed by Chapter 607 | i in Chapter 119, i same legal effect a 7, Florida Statutes; | Florida Statutes, I i as if made under o and that my name | urther certify thatath; that I am en appears in Bloc | at the information officer or director ck 10 or Block 11 if | |

- David P. Millard, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR