

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90231 047 \*\*\*150.00

<b>DOCUMENT # P01000116469</b>					
<b>1. Entity Name</b> <b>MATT MILLA BROKERS AND PURCHASING AGENCY, INC.</b>					
<b>Principal Place of Business</b> <b>5410 PIONEER PARK, STE D</b> <b>TAMPA, FL 33634</b>			<b>Mailing Address</b> <b>PO BOX 262814</b> <b>TAMPA, FL 33605</b>		
<b>2. Principal Place of Business</b> <b>5103 W. KNOX ST</b>		<b>3. Mailing Address</b>			
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>			
<b>City &amp; State</b> <b>TAMPA FL</b>		<b>City &amp; State</b>			
<b>Zip</b> <b>33634</b>		<b>Country</b> <b>USA</b>		<b>4. FEI Number</b> <b>59-3759328</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MILLA, MATIAS</b> <b>5410 PIONEER PARK, STE D</b> <b>TAMPA, FL 33634</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>MILLA, MATIAS</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>5103 W. KNOX ST</b> <b>City</b> <b>TAMPA</b> <b>FL</b> <b>Zip Code</b> <b>33634</b>		
<b>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.</b> <b>SIGNATURE</b> <b>DATE</b> <b>4/26/06</b> <small>Signature of registered agent or principal officer and title, if applicable. (NOTE: Registered Agent signature required when revalidating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>P</b> <input type="checkbox"/> <b>Delete</b> <b>NAME</b> <b>MILLA, MATIAS</b> <b>STREET ADDRESS</b> <b>5410 PIONEER PARK, STE D</b> <b>CITY-ST-ZIP</b> <b>TAMPA, FL 33634</b>	<b>TITLE</b> <b>P</b> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>NAME</b> <b>MILLA, MATIAS</b> <b>STREET ADDRESS</b> <b>5103 W. KNOX ST</b> <b>CITY-ST-ZIP</b> <b>TAMPA, FL 33634</b>				
<b>TITLE</b> <b>VP</b> <input type="checkbox"/> <b>Delete</b> <b>NAME</b> <b>FERLITA, MADLEIN M</b> <b>STREET ADDRESS</b> <b>5410 PIONEER PARK, STE D</b> <b>CITY-ST-ZIP</b> <b>TAMPA, FL 33634</b>	<b>TITLE</b> <b>V.P.</b> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>NAME</b> <b>FERLITA, MADLEIN M.</b> <b>STREET ADDRESS</b> <b>5103 W. KNOX ST</b> <b>CITY-ST-ZIP</b> <b>TAMPA, FL 33634</b>				
<b>TITLE</b> <b>ST</b> <input type="checkbox"/> <b>Delete</b> <b>NAME</b> <b>MILLA, MATILDE Z</b> <b>STREET ADDRESS</b> <b>5410 PIONEER PARK, STE D</b> <b>CITY-ST-ZIP</b> <b>TAMPA, FL 33634</b>	<b>TITLE</b> <b>S.T.</b> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>NAME</b> <b>MILLA, MATILDE Z.</b> <b>STREET ADDRESS</b> <b>5103 W. KNOX</b> <b>CITY-ST-ZIP</b>				
<b>TITLE</b> <input type="checkbox"/> <b>Delete</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				
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<b>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 employment.</b>					
<b>SIGNATURE:</b> <b>PRESIDENT</b> <b>4/26/06</b> <b>813-240-4178</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					