


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90043 046 ***150.00

DOCUMENT # P02000024226	
1. Entity Name MILES OF DESIGNS, INC.	

Principal Place of Business 1800 W HIBISCUS BLVD STE # 110 MELBOURNE, FL 32901	Mailing Address 1800 W HIBISCUS BLVD STE # 110 MELBOURNE, FL 32901
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2. Principal Place of Business - No P.O. Box # 1800 W Hibiscus Blvd	3. Mailing Address 1800 W Hibiscus Blvd
Suite, Apt. #, etc. Suite # 133	Suite, Apt. #, etc. Suite # 133

City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32901	Zip 32901
Country	Country



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0649859		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 JACKSON, JAMES H 1800 W HIBISCUS BLVD STE # 110 MELBOURNE, FL 32901		
7. Name and Address of New Registered Agent Name JAMES H. JACKSON Street Address (P.O. Box Number is Not Acceptable) 1800 W Hibiscus Blvd Suite # 133 City MELBOURNE FL Zip Code 32901		

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 Suite # Change Only DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SOTO, SHEVONNE PRES 1800 W. HIBISCUS BLVD STE # 110 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE 133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE JACKSON, JAMES H V. PRES 1800 W. HIBISCUS BLVD STE #110 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE 133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SHEVONNE SOTO **SHEVONNE SOTO** 4/19/07 321-728-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #