2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam MILAN'S				01-17-2006	90256 041	l ***150).00			
Principal Plac	e of Business	Mailing Address	-		មូលប	000				
6300 DRAW LANE 6300 DRAW ŁANE SARASOTA, FL 34238 SARASOTA, FL 34238										
SARASOTA, FL 34238 SARASOTA, FL 34238										
2 Principal P	face of Rusiness	3. Mailing Address								
			+ Pointe Dr.						DEEP II VEEL	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		01122006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State	 .	+	4. FEI Numbe	r		Ap	plied For	
Zip	asota, FL	Sovasof	Country		05-0530)813			t Applicable	
342	33 Country	^{Zip} ろ4 233	AZO		5. Certificate of	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current R	legistered Agent	Norma		7. Name and	Address of New	Registered Ag	gent		
PETROVIC, MILAN			1 76	Petrovic, Milan						
6300 DRA	Ŵ LANE		Street A	ddress (P	Box Numbe	is Not Acceptab	e ファ		!	
SARASOT	A, FL 34238		1.3			, , , , , , ,				
			Citye		- 1 -		FL	Zip Code	22	
8. The above	named entity submits this statement for	the purpose of changing its		registered		n, in the State of F		miliar with,	and accept	
the obligat	ions of registered agent.									
CIONATURE										
SIGNATURE.	Simple broad or printed name of renictered agent as	od title if applicable (NOTE	Beowlared Apont const-	use securised w	han rainetation)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered Agent signati	ure required wi	hen reinstating)		DATE			
FIL	Signature, typed or printed name of registered agent and second se	9. Election Campaig	gn Financing	\$5.0	0 May Be		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND C	9. Election Campaig Trust Fund Contr DIRECTORS	gn Financing ibution.	\$5.0	May Be to Fees	CHANGES TO OF	FICERS AND D			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR