

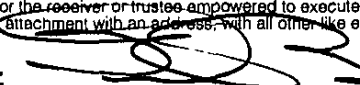


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000110158</b>			
1. Entity Name <b>W.G. MILLS, INC. SOUTH</b>			
Principal Place of Business <b>8437 TUTTLE AVENUE, SUITE 401 SARASOTA, FL 34243</b>		Mailing Address <b>8437 TUTTLE AVENUE, SUITE 401 SARASOTA, FL 34243</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>04-3717680</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>PIGGREM, KAREN 8433 ENTERPRISE CIRCLE STE 210 BRADENTON, FL 34202</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		U000000596386 01/23/07-80077-008 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLS, WALTER G 8433 ENTERPRISE CIRCLE STE 210 BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, LEMUEL III 8433 ENTERPRISE CIRCLE STE 210 BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNELL, MARK 8433 ENTERPRISE CIRCLE STE 210 BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSEY, TIM 8433 ENTERPRISE CIRCLE STE 211 BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, STEVE 8433 ENTERPRISE CIRCLE STE 211 BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</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 empowered.			
SIGNATURE: 		1/16/07 941-907-9044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Steven G. Baker Treasurer</b>		Date	Daytime Phone #