
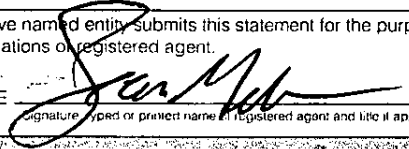


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90005 012 \*\*\*150.00

<b>DOCUMENT # P02000123022</b>			
1. Entity Name <b>MILLMAN'S SERVICES, INC.</b>			
Principal Place of Business <b>15 S.W. 7TH STREET FORT LAUDERDALE FL 33301</b>		Mailing Address <b>15 S.W. 7TH STREET FT LAUDERDALE FL 33301</b>	
2. Principal Place of Business <b>220 S.E. 12 STREET</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State	
Zip <b>33316</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>MILLMAN, SEAN 15 S.W. 7TH STREET FORT LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>220 S.E. 12 STREET</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33316</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  DATE <b>2/17/06</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLMAN, SEAN 5611 SW 195TH TERR SW RANCHES FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Millman, Sean 6081 Ravenswiche Terr Davie FL 33316</b> <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
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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 Section 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/06 (954) 306-0990**  
Date Daytime Phone #