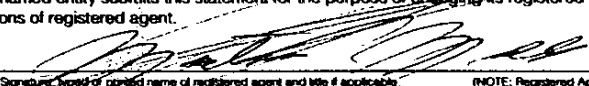
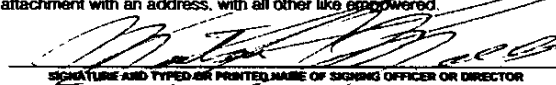


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90231 048 ***150.00

DOCUMENT # P02000129925 1. Entity Name THE MILLA GROUP USA, INC.					
Principal Place of Business 5410 PIONEER PARK STE D TAMPA, FL 33634			Mailing Address PO BOX 262814 TAMPA, FL 33605		
2. Principal Place of Business 5103 W. KNOX ST		3. Mailing Address Suite, Apt. #, etc.			
City & State TAMPA FL		City & State Suite, Apt. #, etc.		04282006 Chg-P CR2E034 (11/05)	
Zip 33634		Country USA		4. FEI Number 65-1164405	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLA, MATIAS 5410 PIONEER PARK STE D TAMPA, FL 33624			7. Name and Address of New Registered Agent Name MILLA, MATIAS Street Address (P.O. Box Number is Not Acceptable) 5103 W. KNOX ST City TAMPA FL Zip Code 33634		
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 4/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME MILLA, MATIAS STREET ADDRESS 5410 PIONEER PARK STE D CITY-ST-ZIP TAMPA, FL 33634	TITLE VP <input type="checkbox"/> Delete NAME FERLITA, MADLEIN M STREET ADDRESS 5410 PIONEER PARK STE D CITY-ST-ZIP TAMPA, FL 33634		TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MILLA, MATIAS STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL 33634	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME FERLITA, MADLEIN M STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL 33634	
TITLE ST <input type="checkbox"/> Delete NAME MILLA, MATILDE A STREET ADDRESS 5410 PIONEER PARK STE D CITY-ST-ZIP TAMPA, FL 33634	TITLE ST <input type="checkbox"/> Delete NAME MILLA, MATILDE A STREET ADDRESS 5410 PIONEER PARK STE D CITY-ST-ZIP TAMPA, FL 33634		TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MILLA, MATILDE A STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL 33634	TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MILLA, MATILDE A STREET ADDRESS 5103 W. KNOX ST CITY-ST-ZIP TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Date 4/16/06 Daytime Phone # 813-240-4178		