2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# P03000019465

Entity Name: MILLERS GIN, INC.

Current Principal Place of Business:

16375 N.E. 18TH AVENUE #204
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

12000 BISCAYNE BOULEVARD
SUITE 504
MIAMI, FL 33181 US

Current Mailing Address:

16375 N.E. 18TH AVENUE #204
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

12000 BISCAYNE BOULEVARD
SUITE 504
MIAMI, FL 33181 US

FEI Number: 41-2087425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSLER, JOEL
2600 ISLAND BLVD
APT 501
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VERSTEEGH, ANDREAS
Address: 16375 NE 18TH AVE STE 204
City-St-Zip: MIAMI, FL 33162

Title: STD ( ) Delete
Name: EHRENKRONA, JACOB
Address: 16375 NE 18TH AVENUE SUITE 204
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VD ( ) Delete
Name: GOESLER, JOEL
Address: 16375 NE 18TH AVE STE 204
City-St-Zip: MIAMI, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VERSTEEGH, ANDREAS
Address: 12000 BISCAYNE BOULEVARD SUITE 504
City-St-Zip: MIAMI, FL 33181

Title: STD (X) Change ( ) Addition
Name: EHRENKRONA, JACOB
Address: 12000 BISCAYNE BOULEVARD SUITE 504
City-St-Zip: MIAMI, FL 33181 US

Title: VD (X) Change ( ) Addition
Name: GOESLER, JOEL
Address: 12000 BISCAYNE BOULEVARD SUITE 504
City-St-Zip: MIAMI, FL 33181 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GOSLER PRES 03/19/2007

Electronic Signature of Signing Officer or Director Date