2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074764

Entity Name: MILLER'S MARTIAL ARTS CENTER INC

FILED Mar 22, 2005 Secretary of State

LINKY NAME. WILLER'S WAR HAL ARTS CENTER INC.						
Current Principal Place of Business:				New Principal Place of Business:		
336 PARK PLACE WEST ORMOND BEACH, FL 32174				607 S YONGE STREET ORMOND BEACH, FL 32174		
Current Mailing Address:				New Mailing Address:		
336 PARK PLACE WEST ORMOND BEACH, FL 32174				607 S YONGE STREET ORMOND BEACH, FL 32174		
FEI Number:	43-2021705	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MILLER, JEFFREY 336 PARK PLACE WEST ORMOND BEACH, FL 32174 US				MILLER, JEFFREY 17 RYBERRY DR PALM COAST, FL 32164 US		
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:				03/22/2005		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[MILLER, JEFFRI 336 PARK PLAC ORMOND BEACH	E WEST	Title: Name: Address: City-St-Z	MILLER, JEFF 17 RYBERRY	DR	
Title: Name: Address: City-St-Zip:	V ()[MILLER, LOUISE 733 AVONDALE, HOLLY HILL, FL	AVENUE	Title: Name: Address: City-St-Z	,) Change () Addition	
Title: Name: Address: City-St-Zip:	S () E TOMLINSON, MII 558 ELDRON AV DELTONA, FL 3	ENUE	Title: Name: Address: City-St-Z	· ·) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY MILLER PRES 03/22/2005