2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P030001565971. Entity Name

MILLER INDICES, INC.



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

13600 SE RANCHLAND AVENUE HOBE SOUND, FL 33455 Mailing Address

13600 SE RANCHLAND AVENUE HOBE SOUND, FL 33455



01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0640893

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LAUTERBORN, ABIGAIL M E.A. 122 DATE PALM DRIVE JUPITER, FL 33458

DO NOT WRITE

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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE MILLER, EDWIN J NAME STREET ADDRESS 13600 SE RANCHLAND AVENUE CITY-ST-ZIP HOBE SOUND, FL 33455 TIT1 F NAME 1000000853472 STREET ADDRESS || 03/26/08#80068-024||150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

561-346-3090

Daytime Phone #