FILED Mar 18, 2005 8:00 am Secretary of State 02-24-2005 90041 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCU 1. Entity Nam TAD MILI	ne	# P040000)51244				02-24-2003	790041 03	, ,	130.00	
Principal Place of Business 3949 EVANS AVE. #205 403 FT. MYERS, FL 33901				Mailing Address 3949 EVANS AVE. #285 403 FT. MYERS, FL 33901			66006104				
2. Principal Place of Business			3. M	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02212005	Chg-P	CR2E034	(10/03)	
City & State			Cit	ty & State		4. FEI Numb	EG-00 140	006		plied For t Applicable	
Zip	Country		Zq	Zip Coun		try	5. Certificate	a of Status Desired		.75 Add Required	
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New R	egistered Age	nt	- TT 1
MILLER, TAD 3949 EVANS AVE. #285 403 FT. MYERS, FL 33901						Street Address (P.O. Box Number is Not Acceptable)					
. :						City			FI	Zip Code	9
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, an										and accept	
the obligations of registered agent.											
SIGNATURE Signature, typed or privated name of registated agent and title if epotentials. (NOTE: Registated Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	T _D	• OFFICERS	AND DIRECT		, 11.		ADDITIONS	/CHANGES TO OFF			
TITLE NAME	MILLER, 1		**	□ Delete	TATU	Ē			U	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	\$\$ 3949 EVANS AVE. #285405 FT. MYERS, FL 33801					ET ADDRESS - ST-ZIP					
TITLE				☐ Delete	TITL MAA) Change	Addition
STREET ADDRESS CITY-ST-ZIP	-				STR	ET ADDRESS -SI-ZIP					
TITLE			- ,	. Oelete _	TITL	- r				Change	. Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		·		☐ Delote	CITY	-ST-ZIP				Change	☐ Addillon
KAME STREET ADDRESS					NUM				_	,	
CITY-S1-ZIP						-\$1-ZP					
TITLE NAME	[☐ Deteta	ITTE NAM) Change	☐ Addition
STREET ADDRESS CITY-ST-ZP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	ŦITL	<u> </u>) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-28P					•
12. I hereby certify that the information supplied with this filing does not qualify 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 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 fursite 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 addressy withfull other like empowered.											
SIGNATURE: Too Mile 21- Feb-05											
		LEGNATURE AND TYPE	D OR PRINTED N	AME OF EIGHUIG OFFICER	OR DIREC	ROT		Date	Dayun	ns Phone #	