2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

| DOCUMENT # P04000129148 1. Entity Name MILKSTIX, INC. | | | | | | | C | 94-26-2005 90 | 0160 018 | 8 ***158.7 | 75 |
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| Principal Place of Business Mailing Address 1400 W FAIRBANKS AVE STE 102 1400 W FAIRBANKS AVE STE 102 WINTER PARK, FL 32789 WINTER PARK, FL 32789 | | | | | 102 | | | | | | |
| | Place of Busines | | 3. Mailing Address | | | | | | | | |
| 2295 S. HIAWASSEE ROAD Suite, Apt. #, etc. JSVITE 411 | | | 2295 5. HIAWASSEE ROAD Suite, Apt. #, etc. SUITE 411 | | | עדיי | 04192005 | Chg-P | CR2E | 034 (10/03) | |
| City & State ORLANDO FL | | City & State ORLAMO | | | 4. FEI Number 20 - 11 | 636797 | | ⊢ | oplied For ot Applicable | | |
| Zip -32835 | | Country —US | zip -32835 — | Cour | itry 'S — | - | | f Status Desired | Ž | \$8.75 Add | ditional d |
| | 6. Name a | and Address of Current R | Registered Agent | , | Mama | | 7. Name and A | ddress of New R | egistered | Agent | |
| | ECT AGEN | | • | | Name | | | | | | |
| 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301 | | | | | Street A | ddress (F | P.O. Box Number | is Not Acceptable | | | |
| | | | | City | | | | | FL | Zip Cod | e |
| The above named entity submits this statement for the purpose of changing its regis | | | | | ed office o | r reaistere | ed agent, or both | in the State of Flo | | | and accept |
| | tions of register | | | V | | · · • # - · - | | , | | 1 Page 1 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | и |
| SIGNATURE. | Signature, typed or | primed name of registered agent ar | and life I continents (NY) | TE: Donieror | od Angot eigner | | | | | | |
| L | | | erc toe ii approache. (NOT | ic. negistere | a rigorii angrici | tore required | when reinstating) | | DATE | | |
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR