


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90160 018 \*\*\*158.75

<b>DOCUMENT # P04000129148</b> 1. Entity Name <b>MILKSTIX, INC.</b>			
Principal Place of Business <b>1400 W FAIRBANKS AVE STE 102 WINTER PARK, FL 32789</b>		Mailing Address <b>1400 W FAIRBANKS AVE STE 102 WINTER PARK, FL 32789</b>	
2. Principal Place of Business <b>2295 S. HIAWASSEE ROAD</b> Suite, Apt. #, etc. <b>SUITE 411</b>		3. Mailing Address <b>2295 S. HIAWASSEE ROAD</b> Suite, Apt. #, etc. <b>SUITE 411</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32835</b>	Country <b>US</b>	Zip <b>32835</b>	Country <b>US</b>
4. FEI Number <b>20-1636797</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BENNET, MIKE UNIT 6 REDHILL FARM BUSINESS PARK ELBERTON, BRISTOL U.K., BS35 4AL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BENNETT, MIKE UNIT 6, REDHILL FARM BUSINESS PARK ELBERTON, BRISTOL, BS35 4AL, UK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FITZHENRY, TONY UNIT 6 REDHILL FARM BUSINESS PARK ELBERTON, BRISTOL U.K., BS35 4AL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u><i>Miner Bennett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04-22-2005</b>	Daytime Phone # <b>407-864-8480</b>