2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000140168

1. Entity Name

MILLIE'S MASSAGE INC.



FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90111 001 *****5.00 04-12-2006 90111 002 ***150.00

						CONT.	18.37						
Principal Place of Business Mailing Ad				Address									
9854 SCRIBNER LANE			9854 SCRIBNER LANE										
WELLINGTON, FL 33414			WELLINGTON, FL 33414										
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.										
Suite, Apr. #, etc.			Suito, ript. II, sto.				04092006	Chg-P		CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb)-17	284		Applied For Not Applicab	
Zip	Country		Žip	Ζiρ		Country		5. Certificate	of Status Des	ired		\$8.75 A Fee Requi	
	6 Name	and Address of Current	Registered	Agent				7. Name and	Address of I	New Re	gistered	Agent	
BULJOVCIC, MILJANA						Name							
9854 SCR WELLING			Street Address (P.O. Box Number is Not Accep				ptable)						
WELLINGTON, TE 35414													
						City		FL				Zip Co	de
		y submits this statement fo	ed office or i	register	red agent, or bo	oth, in the State	of Flor	ida. 1 am	familiar wit	n, and accer			
the obligat	ions of regist	tered agent.		2005 000	. , 		Ulh.	10		~ /	losi		
SIGNATURE.	Signature, typed	TAVA BULIC or printed name of registered agent	d Agent signatur	LLL re required	ynen reinstating)		OHI	09/0	<i>S</i> 6				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				 Election Campaig Trust Fund Contri 		icing 🔀		.00 May Be led to Fees					
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12. I hereby certify that the information supplied with this filling 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 in the composition of the corporation of 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 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trustee empowered to execute the corporation of the corporati

SIGNATURE:

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 11742-9003

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> > MILLIES MASSAGE INC % MILJAHA BULJOVCIC 9854 SCRIBNER LN

WELLINGTON FL

Date of this notice: 10-25-2004

Employer Identification Number: 20-1728427

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

00265

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1728427. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941 Form 1120 Form 940

01/31/2005 03/15/2005 01/31/2005

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for