2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P04000146753 1. Entity Name					Secretary of State
STEVE M	ILLER CONSTRUCTION OF	ORLANDO, INC.	-		
Principal Place	e of Business	Mailing Address	 -		-
4355 CLOVER LEAF PLACE CASSELBERRY FL 32707		4356 CLOVER LEAF PLACE CASSELBERRY FL 32707			3 1880/1885 355 BB111 B1811 B2111 B2111 B2111 B2111 B2112 (CEU CECC CUU CEBU CUU CEBU CUU CEBU
0,1000252.					
2. Principal P	lace of Business	3. Mailing Address			1 100(100) 1)) 0233 2531 2213 2213 2214 45121 114(1 4)214 0(1)((024) 0(1)(024) 114(1) 13 124)
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 58-2684108 Applied For Not Applicate
Zip Country		Zip Country		itry	5. Certificate of Status Desired 58.75 Additional Fee Required
	6. Name and Address of Curren	1 Registered Agent			7. Name and Address of New Registered Agent
karri	(FO OTC) (EN D	-	-	Name	
435	LER, STEVEN R 5 CLOVER LEAF PLACE SSELBERRY FL 32707			Street Address	s (P.O. Box Number is Not Acceptable)
				Dity	FL Zip Code
3 The shove	named entity submits this statement	ior the purpose of changing it	ts renisted		tered agent, or both, in the State of Florida. I am familiar with, and according
	tions of registered agent.	or mo parpodo or drianging i	is register	Sa billion of rogin.	
SIGNATURE	Signature, hyped or printed trame of registered albei	ot and title if applicable (NC	ITE Registere	d Agent signature requir	ico when remslating) DATE
· F	TILE NOW!!! FEE IS \$150.00				
After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Financing \$5.00 May 6 Trust Fund Contribution. Added to Fees
10.	OFFICERS AN		tt.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THTLE NAME	D MILLER, STEVEN R	☐ Delete	TITL	}	☐ Change ☐ Addition U00000536818
STREET ADORESS CHY-ST-ZIP	4355 CLOVER LEAF PLACE CASSELBERRY FL 32707		STRE	FET ADDRESS Y-ST-ZIP	05/08/06-80107-024 150.00
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NAME STREET ADDRESS			MAM Stri	ELE ADDRESS	
C154-51-21P			City	r-St-ZiP	
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STREET ADDRESS			•	ELT ADORESS	
CITY-ST-ZIP				1-ST-20P	
I TITLE NAME		Celote	TITE NAN	3	☐ Change ☐ Additi
Street Address			- 1	ELT ADDRESS	
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NAME	}	☐ Delete	T(T). NAN	}	Contage Carlotte
STREET ADDRESS				EE1 ADDRESS	
TITLE	<u> </u>	☐ Dolete	m	r-ST-ZIP	☐ Change ☐ Adds
NAME		- Dang	NAA	NE }	
SINGLI ADDRESS CITY-ST-ZMP				RET ADDRESS Y-ST-ZIP	
12. I hereby indicated of the co	d an this renart or sunniamental teacht	is true and accurate and that powered to execute this rep	y for the e it my signa part as req	exemptions contains	ined in Section 119, Florida Statutes. I further certify that the information he same legal effect as it made under oath, that I am an officer or director 607, Florida Statules; and that my name appears in Block 10 or Block 1

FILED