


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90040 005 ***150.00

DOCUMENT # P05000027891 1. Entity Name DR. MILLIE & ASSOCIATES, O.D., P.A.			
Principal Place of Business 502 S. FREMONT AVE #609 TAMPA, FL 33606 US		Mailing Address 502 S. FREMONT AVE #609 TAMPA, FL 33606 US	
2. Principal Place of Business - No P.O. Box # 8021 TRIBAL CIRCLE Suite, Apt. #, etc.		3. Mailing Address 8021 TRIBAL CIRCLE Suite, Apt. #, etc.	
City & State LAS VEGAS, NV		City & State LAS VEGAS, NV	
Zip 89145	Country	Zip 89145	Country
6. Name and Address of Current Registered Agent MILLIE, ELISE 502 S. FREMONT AVE #609 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name LAWRENCE MAAS Street Address (P.O. Box Number is Not Acceptable) 904 W. WATERS AVE City TAMPA FL Zip Code 33604	
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 <u><i>Lawrence Maas</i></u> 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 MILLIE, ELISE 502 S. FREMONT AVE #609 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8021 TRIBAL CIRCLE LAS VEGAS, NV 89145
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
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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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Elise Millie</i></u> 1-20-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 702-308-3569 <small>Daytime Phone #</small>	