

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



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-2555337

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Lawrence Maas* DATE: 1-8-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 MILLIE, ELISE 502 S. FREMONT AVE #609 TAMPA, FL 33606 <input type="checkbox"/> Delete	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: *Elise Millie* DATE: 1-20-07 DAYTIME PHONE #: 702-308-3569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President