


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000051470</b>	
1. Entity Name <b>CHRISTOPHER MILANO, INC.</b>	

Principal Place of Business <b>8026 GREENBRIER COURT SPRING HILL, FL 34606</b>	Mailing Address <b>8026 GREENBRIER COURT SPRING HILL, FL 34606</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4698788</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MILANO, CHRISTOPHER J 8026 GREENBRIER COURT SPRING HILL, FL 34606</b>
---

**DO NOT WRITE IN THIS SPACE**

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>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILANO, CHRISTOPHER J 8026 GREENBRIER COURT SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDES AUSTIN, DAVIDSCOTTQUA 8026 GREENBRIER COURT SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000829609  
02/26/08-80046-025 150.00

**DO NOT WRITE IN THIS SPACE**

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:  <b>CHRISTOPHER J. MILANO</b>	Date <b>2/13/08</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>