
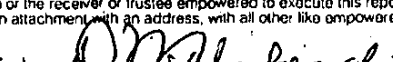


FILED
Mar 30, 2007 8:00 am
Secretary of State

66007413

| | | | |
|---|--|---|---|
| DOCUMENT # P06000067032 | |  | |
| 1. Entity Name MILSTEAD & ASSOCIATES, INC | | | |
| Principal Place of Business 4622 LINKS VILLAGE DRIVE PONCE INLET, FL 32127 US | | Mailing Address 4622 LINKS VILLAGE DRIVE PONCE INLET, FL 32127 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MILSTEAD, DANIEL 124 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 | | 7. Name and Address of New Registered Agent Name: DAWNA MILSTEAD Street Address (P.O. Box Number is Not Acceptable): 124 WESTWOOD DR City: DAYTONA BEACH FL Zip Code: 32119 | |
| 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 remitting)</small> DATE _____ | | | |
| 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 | VP MILSTEAD, DANIEL 124 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILSTEAD, DAWNA 124 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | 1/28/2007 Date Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |