2008 FOR PROFIT CORPORATION

Jun 02, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P06000067032 04-21-2008 90055 021 ***150.00 MILSTEAD & ASSOCIATES, INC Principal Place of Business Mailing Address **4622 LINKS VILLAGE DRIVE** 4622 LINKS VILLAGE DRIVE 66012863 PONCE INLET, FL 32127 PONCE INLET, FL 32127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24 Westward 24 WESTWOOD DRIVE 05282008 CR2E034 (12/06) Cha-P City & State Applied For 4. FEI Number DAYTONA Beach, FI 20-4876490 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired /oluSIA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILSTEAD, DANIEL Street Address (P.O. Box Number is Not Acceptable) 124 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 City Zip Code Fi 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Due by September 12, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILSTEAD, DANIEL NAME NAME STREET ADDRESS 124 WESTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILSTEAD, DAWNA NAME NAME STREET ADDRESS 124 WESTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP TITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TπιF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 excurate 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-emplowered 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 the employered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #

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SunTrust Online Cash ManagerSM

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Use this screen to view a cleared transaction.

Transaction Information

Account: Free Business Checking - ***********6992

Transaction: Debit with image 3076

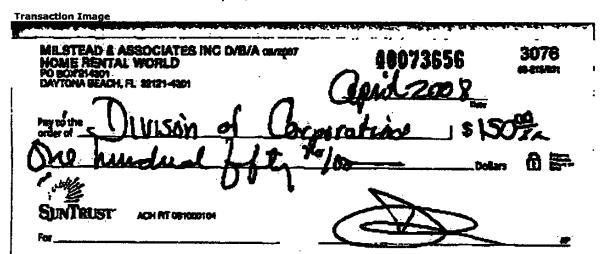
Date Cleared: 04/28/2008

Amount: \$-150.00

Date Initiated: 04/28/2008

FI Reference ID: 20080428000000001500000030761

Description: CHECK



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ATTACHMENT

2008 FOR PROFIT CORPORATION

4/21/2008-90055-021-\$150.00-\$150.00

ANNUAL REPORT					
DOCUMENT # P06000067032 1. Entity Name MILSTEAD & ASSOCIATES, INC					(0/9)
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				5. Certificate of Status Des	CR 76 Additional
MILSTEAD, DANIEL 124 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 :			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 Signature, hold or printed name of registered agent and late if applicable ONTE: Registered Agent signature required when rematating) ONTE					
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR