

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90179 049 \*\*\*150.00

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04062007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000092400			
1. Entity Name MILLER'S ACOUSTICAL CEILINGS, INC.			
Principal Place of Business 5103 STARDAL DRIVE HOLIDAY, FL 34690		Mailing Address 5103 STARDAL DRIVE HOLIDAY, FL 34690	
2. Principal Place of Business - No P.O. Box # 8640 Adonis Rd. Suite, Apt. #, etc. NEW PORT RICHEY, FL		3. Mailing Address 8640 Adonis Rd. Suite, Apt. #, etc.	
City & State NEW PORT RICHEY FL		4. FEI Number 20-5197781	
Zip 34654	Country USA	Zip 34654	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, CHUCK 5103 STARDAL DRIVE HOLIDAY, FL 34690		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D MILLER, CHUCK 5103 STARDAL DRIVE HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8640 Adonis Rd. NEW PORT RICHEY FL 34654
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: <i>CHUCK MILLER</i>		Date: <i>4-13-07</i> Daytime Phone: <i>727-642-8409</i>	