



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P17451 1. Entity Name MILSACO LTD., CORP.					
Principal Place of Business 1070 BEAR ISLAND DRIVE W PALM BCH, FL 33409 US		Mailing Address 1070 BEAR ISLAND DRIVE W PALM BCH, FL 33409 US			
DO NOT WRITE IN THIS SPACE					
				 01112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 04-2694734		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE	
CARMAN, DEBORAH A ESQ. 165 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432					
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD MILLS, GERALD 1070 BEAR ISLAND DRIVE W PALM BCH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VTD MILLS, MARLENE 1070 BEAR ISLAND DRIVE W PALM BCH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marlene Mills</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/25/05		6567471-7588 <small>Daytime Phone #</small>	