2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015035

Entity Name: MILES BROS., INC

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7312 A1A SOUTH ST. AUGUSTINE, FL 32086 **Current Mailing Address: New Mailing Address:** 7312 A1A SOUTH ST. AUGUSTINE, FL 32086 FEI Number: 59-3179434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORNTO, LAJR. 128 ORANGE AVE DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: () Change () Addition Name: MILES, ROBLEY M JR. Name: 6 TIDEWATER Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DVS Title: Title: () Delete () Change () Addition Name: MILES, DAVID E Name: 65 DOLPHIN DR. Address: Address: ST. AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip: Title: () Delete Title: DBVS () Change () Addition MILES, STEVEN G Name: Name: 33 FORREST VIEW Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: Title: DVS () Delete Title: () Change () Addition MILES, HENRY E Name: Name: Address: 7507 A1A SOUTH Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: DVS Title: () Delete () Change () Addition MILES, CHARLES S Name: Name: 141 CREEKSIDE DRIVE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: () Delete Title: DVS Title: () Change () Addition Name: MILES, WM. F Name: Address: 450 TRADEWINDS LANE Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32084 I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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

DVS

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E MILES

Date

02/13/2006