2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 08:00 All Secretary of State

ANNUAL KEPUK I					' TP	C 10, 2	
DOCUMENT # P93000019898 1. Entity Name MILLER REAL ESTATE SERVICES, INC.						Secreta	ry of S
Principal Place 1200 1ST AV SUITE 200 BRADENTON	/E WEST	Mailing Address 1200 1ST AVE WEST SUITE 200 BRADENTON, FL 34205] ! [## ## #			
]			9 8 8 8 <i>8</i>
DO NOT WRITE IN THIS SPA			CE	02272007	No Chg-P	CR2E034 (11	/05)
				4. FEI Numbe 65-039		-	Applied For Not Applicable
			,	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current Re	gistered Agent		<u> </u>			
MILLER. HUGH D. 1200 1ST AVE WEST SUITE 200 BRADENTON, FL 34205 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for t lions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bol	n, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE	Signature, hyped or printed name of registered agent and	title # applicable. (NOTE: Registere	ed Agent aignature required	t when reinstaling)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	:	و او	
10.	OFFICERS AND D	RECTORS					:
NAME STREET ADDRESS CITY-ST-ZIP	PS MILLER, HUGH D. 1200 1ST AVE WEST SUITE 200 BRADENTON, FL 34205				1900) 194/197	000699683 07-80053-	002 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE		IN THIS SPACE					

12. Thereby certify that the information supplied with this filling does not quality 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
-STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SUSHATURE AND TYPED OR PRINTED HOME OR BIGNING OFFICER OR DIRECTOR

3-1-07

941-748-3433

Daytime Phone #