


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 049 ***150.00

DOCUMENT # P93000076094	
1. Entity Name DAVID MILLER & ASSOCIATES, P.A.	

Principal Place of Business 2090 PALM BCH LAKES BV SUITE 205 WEST PALM BEACH FL 33409 US	Mailing Address 2090 PALM BCH LAKES BV SUITE 205 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business Suite, Apt. #, etc. 1660 Southern Blvd. Suite Q City & State West Palm Beach, FL Zip 33406 Country USA	3. Mailing Address Suite, Apt. #, etc. 1660 Southern Blvd. Suite Q City & State West Palm Beach, FL Zip 33406 Country USA
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0491155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, JACQUELINE S ONE N CLEMATIS, STE 500 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DAVID R 2090 PALM BCH LAKES BV SUITE 205 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1660 Southern Blvd Suite Q West Palm Beach, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/4/06** (561) 697-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #