2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 17, 2004 08:00 AM Secretary of State **DOCUMENT # P94000019280** MILLER INTERNATIONAL MOTIVATION, INC. Mailing Address Principal Place of Business 11804 STRALEY PL. _11804 STRALEY PL. RALEIGH, NC 27614 RALEIGH, NC 27614 08272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3211931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, PAUL 114 GOVERNORS ROAD PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be U00000172353 Trust Fund Contribution. Added to Fees Due by September 8, 2004 09/17/04-80006-003 550.00 OFFICERS AND DIRECTORS 10. TITLE MILLER, PAUL F II NAME 5317 DEER FOREST TRAIL STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27614 TITLE STD NAME MILLER, DEBORAH N 5317 DEER FOREST TRAIL STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27614 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-04

FILED