## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P94000019280 03-17-2006 90123 044 \*\*\*150.00 1. Entity Name MILLER INTERNATIONAL MOTIVATION, INC. Principal Place of Business Mailing Address HEXEL C 11804 STRALEY PL. 11804 STRALEY PL. RALEIGH, NC 27614 RALEIGH, NC 27614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-3211931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, PAUL 114 GOVERNORS ROAD Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH, FL 32082 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS D D PD TITLE Change Addition TITLE ☐ Delete Miller, Paul F. 11804 Straley Place MILLER, PAUL F II NAME NAME 11804 STREET ADDRESS 5317 DEER FOREST TRAIL STREET ADDRESS RALEIGH, NC 27614 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE MILLER, DEBORAH N NAME NAME STREET ADDRESS STREET ADDRESS 5317 DEER FOREST TRAIL RALEIGH, NC 27614 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

n address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attach

SIGNATURE:

FILED

Mar 17, 2006 8:00 am

3-14-66 919-841-9388