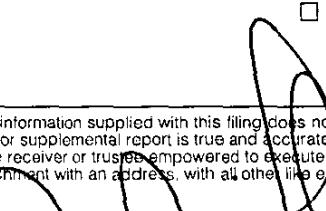


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90195 034 \*\*\*158.75

DOCUMENT # P95000027798		
1. Entity Name MILLER, SOUTH & DIMASI, INC.		
Principal Place of Business 2699 LEE ROAD SUITE 120 WINTER PARK, FL 32789 US		Mailing Address 2699 LEE ROAD SUITE 120 WINTER PARK, FL 32789 US
2. Principal Place of Business 1000 LEGION PLACE		3. Mailing Address 1000 LEGION PLACE
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200
City & State ORLANDO, FL		City & State ORLANDO, FL
Zip 32801	Country USA	Zip 32801
6. Name and Address of Current Registered Agent MILLER, J. GARY 2699 LEE ROAD SUITE 120 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE SUITE 1200 City ORLANDO
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent: signature required when reinstating) _____ DATE _____		
10. OFFICERS AND DIRECTORS TITLE P NAME MILLER, J. GARY STREET ADDRESS 900 BRIGHAM CIR. CITY-ST-ZIP MAITLAND, FL 32751		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 571 N. LAKE SYPHILIA DR.
TITLE VPST NAME SOUTH, J. TODD STREET ADDRESS 8 PINE STREET CITY-ST-ZIP WINTERMERE, FL 34786		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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.		4/27/06 407-539-1638
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. GARY MILLER, PRESIDENT
		Date _____ Daytime Phone # _____