2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P95000095502** 04-24-2006 90428 046 ***150.00 1. Entity Name TOPMILLER ENTERPRISES, INC. Mailing Address Principal Place of Business 40060412 4367 N. FEDERAL HWY 4367 N FEDERAL HWY -103 ~103~ FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt.,#, etc. 03172006 CR2E034 (11/05) Cha-P 4203 Applied For 4. FEI Number City & State 65-0628170 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOPMILLER, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 4367 N FEDERAL HWY-#100 FT LAUDERDALE, FL 33308 203 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 "Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE 72 Change ☐ Addition TOTE ☐ Delete TOPMILLER, ELIZABETH NAME NAME 1:WY #100~ STREET ADDRESS STREET ADDRESS 4203 FT LAUDERDALE, FL 33308 CITY-ST-7IP CITY-ST-ZIP C. roefete Change ☐ Addition TITLE TITLE TOPMILLER, GERALD NAME NAME #203 STREET ADDRESS HWY #100 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

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ICER OR DIRECTOR

SIGNATURE: ≤

FILED

Daytime Phone #