## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000092681 MILLER SOFTWARE SYSTEMS, INC. Principal Place of Business Mailing Address 8504 CEDAR COVE COURT 8504 CEDAR COVE COURT **ORLANDO, FL 32819** ORLANDO, FL 32819 CR2E034 (11/05) 03132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3540534 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MILLER, MARK D DO NOT WRITE 8504 CEDAR COVE COURT ORLANDO, FL 32819 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 Signature. typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS BILL MILLER, MARK D 8504 CEDAR COVE COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 TITLE U00000470551 03/28/06-80017-023 150.00 NAME STREET ADDRESS CHY-ST-ZIP INTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70 IN THIS SPACE 33T) F NAME STREET ADDRESS GITY-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 exploit 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 at other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
EITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

HENATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/13/206 407354543

**FILED**