



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06883</b> 1. Entity Name MILLER, HELMS & FOLK, PA	
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Principal Place of Business 6326 WHISKEY CREEK DR. FT. MYERS, FL 33919	Mailing Address 6326 WHISKEY CREEK DR. FT. MYERS, FL 33919
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0225494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HELMS, RICHARD R 6326 WHISKEY CREEK DR FORT MYERS, FL 33919	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELMS, RICHARD 5865 TALLOWOOD CIR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOLK, CRAIG R 13851 WHITE GARDENIA WAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CHARLES E 9941 CYPRESS LAKE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000788246 01/18/08-80033-018 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.	
<b>SIGNATURE:</b> <i>Richard R Helms</i> Richard R Helms	Date: 1/15/08 Daytime Phone #: 739.481.9696
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	