

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 30, 2009  
Secretary of State**

DOCUMENT# S98150

Entity Name: SELECT REAL ESTATE BY STEPHANIE MILLER, INC.

**Current Principal Place of Business:**

9250 CORKSCREW RD  
#8  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

9250 CORKSCREW RD  
#8  
ESTERO, FL 33928 US

**New Mailing Address:**

FEI Number: 65-0298122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTELLO, TRUMAN J.  
12670 NEW BRITTANY BLVD.  
#101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, STEPHANIE S  
Address: 9250 CORKSCREW RD #8  
City-St-Zip: ESTERO, FL 33928

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: PETERSON, BRUCE C VP  
Address: 9250 CORKSCREW ROAD SUITE 8  
City-St-Zip: ESTERO, FL 33928 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. PETERSON

VP

10/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date