2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# V08626

Entity Name: D. C. MILLER AND ASSOCIATES, INC.

Current Principal Place of Business:

545 N ANDREWS AVENUE
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1738
FT LAUDERDALE, FL 333021738 US

New Mailing Address:

FEI Number: 65-0348996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, DORSEY C
6008 NW 62ND TERR.
PARKLAND, FL 33067 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, DORSEY C DR
Address: 6008 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

Title: VP ( ) Delete
Name: MILLER, ERIC T
Address: 4765 NW 6TH PLACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: ST ( ) Delete
Name: MILLER, BETTY J
Address: 6008 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: MILLER, DORSEY C III
Address: 6008 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. DORSEY C. MILLER PRES 01/17/2006

Electronic Signature of Signing Officer or Director Date