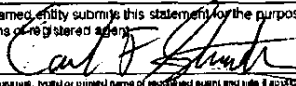


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 033 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V22917			
1. Entity Name MILLER AND FRIENDS, INC.			
Principal Place of Business 1305 E. TREASURE COVE GILBERT, AZ 85234 US		Mailing Address 1305 E. TREASURE COVE GILBERT, AZ 85234 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3123145	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRADER, CARL F 70 SAN JUAN DR. D103 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Strader, Carl F. Street Address (P.O. Box Number is Not Acceptable) 10442 Scott Mill Rd City Jacksonville FL Zip Code 32257	
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, the registered agent.			
SIGNATURE  Carl F Strader		DATE 04/15/03	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when registering)	
FILE NOW! FEE IS \$150.00 Renewal Fee - 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME P MILLER, ATHENA STREET ADDRESS 1305 E. TREASURE COVE. CITY-ST-ZIP GILBERT, AZ 85234		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☒ Addition NAME John Miller VP STREET ADDRESS 1305 E Treasure Cove CITY-ST-ZIP Gilbert AZ 85234	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.			
SIGNATURE:  Athena Miller		DATE April 15, 2003 400-539-7729	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2034 (10/02)