


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V59575</b> 1. Entity Name <b>E-Z RIGHT, INC.</b>		
Principal Place of Business <b>P.O. BOX 247 ZEPHYRHILLS, FL 33539</b>	Mailing Address <b>P O BOX 247 ZEPHYRHILLS, FL 33539</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>MILBURN, CRAIG 37436 SKY RIDGE CIRCLE DADE CITY, FL 33525</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILBURN, CRAIG 37436 SKY RIDGE CIRCLE DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILBURN, MARSHA 37436 SKY RIDGE CIRCLE DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <u>Craig Milburn</u> <u>Craig Milburn</u> <u>4/14/06</u> <u>813-788-9935</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3136954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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05/20/06-80088-003 150.00