
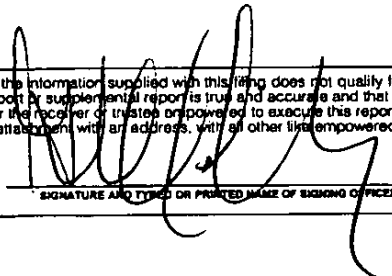


FILED
May 17, 2007 8:00 am
Secretary of State

04-19-2007 90417 025 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L75594																																										
1. Entity Name MILLER GROUP DEVELOPMENT CORPORATION																																										
Principal Place of Business 5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 US		Mailing Address P O BOX 2097 5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 US																																								
DO NOT WRITE IN THIS SPACE																																										
8. Name and Address of Current Registered Agent MILLER, GLENN W. 5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786		DO NOT WRITE IN THIS SPACE																																								
9. 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>MILLER, GLENN W.</td></tr><tr><td>STREET ADDRESS</td><td>5147 ISLEWORTH COUNTRY CLUB DR</td></tr><tr><td>CITY-ST-ZIP</td><td>WINDERMERE, FL</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MILLER, LINDA W.</td></tr><tr><td>STREET ADDRESS</td><td>5147 ISLEWORTH COUNTRY CLUB DR</td></tr><tr><td>CITY-ST-ZIP</td><td>WINDERMERE, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	P	NAME	MILLER, GLENN W.	STREET ADDRESS	5147 ISLEWORTH COUNTRY CLUB DR	CITY-ST-ZIP	WINDERMERE, FL	TITLE	D	NAME	MILLER, LINDA W.	STREET ADDRESS	5147 ISLEWORTH COUNTRY CLUB DR	CITY-ST-ZIP	WINDERMERE, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																										
SIGNATURE: 		4/9/07 407-876-4403																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																								