2006 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 20, 2006 08:00 AN DOCUMENT # N00000008074 **Secretary of State** SIDNEY AND CONSTANCE MILLER FOUNDATION, INC. Principal Place of Business Mailing Address 5800 VINTAGE OAKS CIRCLE 5800 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 01052006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1061120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, SIDNEY DO NOT WRITE 5800 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME MILLER, SIDNEY STREET ADDRESS 5800 VINTAGE OAKS CIRCLE //00000393545 01/25/06-80025-012 61.25 CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE NAME MILLER, CONSTANCE STREET ADDRESS 5800 VINTAGE OAKS CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE NAME MILLER, SCOTT M

DO NOT WRITE IN THIS SPACE

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 617, 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:	IGNATURE	Ξ:
------------	----------	----

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

5800 VINTAGE OAKS CIRCLE

5800 VINTAGE OAKS CIRCLE

DELRAY BEACH, FL 33484

DELRAY BEACH, FL 33484

KLINGEMAN, NANCY B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR