2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT FILED Feb 23, 2007 08:00 Al **DOCUMENT # N01000005223 Secretary of State** MILLER CHARITABLE FOUNDATION, INC. Mailing Address Principal Place of Business 211 STIRLING AVENUE **211 STIRLING AVENUE** WINTER PARK, FL 32789 WINTER PARK, FL 32789 CR2E037 (4/06) 01242007 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3733144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, THOMAS A DO NOT WRITE 211 STIRLING AVENUE WINTER PARK, FL 32789 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D NAME MILLER, THOMAS A STREET ADDRESS 211 STIRLING AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 U00000646431 03/06/07-80032-001 70.00 TITLE D NAME RAFFA ROBYN M STREET ADDRESS 211 STIRLING AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE MILLER, THOMAS S STREET ADDRESS 211 STIRLING AVENUE DO NOT WRITE CITY-ST-ZIP WINTER PARK, FL 32789 IN THIS SPACE BRANNEN, AMY M STREET ADDRESS 211 STIRLING AVENUE CITY-ST-7IP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS 1000 1 200

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP