2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 31, 2007 8:00 am DOCUMENT # P06000142804 **Secretary of State** 07-31-2007 90008 017 ***158.75 MILLER BENEFITS GROUP, INC. Principal Place of Business Mailing Address 3930 ORANGE LAKE DRIVE 3930 ORANGE LAKE DRIVE ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. EEL Number Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MILLER, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 3930 ORANGE LAKE DRIVE ORLANDO FL 32817 City Zip Code 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 i applicable (NOTE: Registered Agent signature required when reinstating) CALL FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Re After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. шп Defete ШП Change Addition MILLER, STEPHEN W NAME NAM 3930 ORANGE LAKE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CHY SI ZIP CHY SLZIP Delete THU Change Addition MILLER, W. RENEE NAMI NAME 3930 ORANGE LAKE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY ST 71P CHY ST ZIP Addition Delete Change 11111 11111 NAMI NAMI STREET ADDRESS STREET ADORESS CHY ST ZIP CHY SEZIP Change Addition BHU ☐ Defete 100 NAMI NAMI STOLET ADDRESS STREET ADDRESS CITY ST 7IP CITY ST 7IP HHE Delete ☐ Change Addition NAME SURFET ADDRESS STREET ADDRESS CHY+S1 7P CHY SLZIP ☐ Delete HOLE ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7IP CHY ST /IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 all other like empowered.

FILED

40127682 ++ POG ODOH2804

Miller Benefits Group, Inc. Stephen W. Miller, President 3930 Orange Lake Drive Orlando, Florida 32817

July 27, 2008

Division of Corporations Annual Report Section P. O. Box 6850 Tallahassee, Florida 32314

To Whom It May Concern:

Unfortunately, I did not receive your post card notifications until after the May 1st due date. And, then the notification I received was put aside and misplaced for some time.

I was not ignoring the annual filing responsibilities, and in the future will make sure these requirements are taken care of (when they are received), in a timely manner. There are absolutely no changes to the original filing.

We are a small company and cannot afford \$400 errors. I appreciate your understanding and consideration.

Sincerely,

Stephen W. Miller

President