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

04-19-2007 90417 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000055352

1. Entity Name
MILLER GROUP MANAGEMENT CORP.

6G015314

Principal Place of Business
6258UMXPSU !DPVOUSZDMVCESJW
XJOEFSNFSF-!GM45897!!!!!!VT
5147 Isleworth Country Club Dr
Windermere FL 34786

Mailing Address
QIP1CPY131: 8
XJOEFSNFSF-!GM45897!!!!!!VT
P.O. Box 2097
Windermere FL 34786

DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3259992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GLENN W
5147 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786

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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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, GLENN W
STREET ADDRESS	5147 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP	WINDERMERE, FL
TITLE	VD
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	
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 #