FILED May 17, 2007 8:00 am Secretary of State 04-19-2007 90417 024 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023190 1. Entity Name					
MILLER GROUP PROPERTIES CORP.					
	` <u> </u>			680153	17
Principal Place		Mailing Address P.O. BOX 2097		Pontag	••
5147 (SLEWORTH COUNTRY CLUB DRIVE P.O. 80X 2097 WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US			IS		
			•		TÄLINTÄLÄ JOKA PÄLYVÄLIKI KARAL
				03192007 No Chg-P CR2E0	34 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number	Applied For
				59-3366710	Not Applicable
_					\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			i
MILLER, G	LENN W	E		DO NOT WRITE	<u> </u>
5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786			IN THIS SPACE		
				AT THE OF ACE	•
• This share	and national basis this statement for the	a our occupant of changing its conjector	ad office or register	red agent, or both, in the State of Florida. I am	familiar with and accept
	named entity submits this statement for it ions of registered agent.	es hai base or careribina ire redistre	ad dilica di Tagalia	and again, or both, all the desire of Francisco.	
SIGNATURE_	Signature, typed or printed name of registered against and	ttin d sever strin DEOTE: Receiter	ad Agent eigneture require	d when remarkations) DATE	
	SQUEEN, WOOD OF PINEO NEWS OF INCOME.	<u> </u>			
FILI After Mi	E NOW!!! FEE 13 \$150.00 by 1, 2007 Fee will be \$550.00	Section Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			
NAME	PD MILLER, GLENN W				
STREET ADORESS City-St-Zip	5147 ISLEWORTH COUNTRY CLU WINDERMERE, FL 34786	JB OR			
TITLE	THROUGHER, TE STOS		1		
MAME STREET ADDRESS					
CITY-ST-ZP					
TITLE MANNE					
STREET ADDRESS				DO NOT WRITI	E
CITY-ST-ZIP			-	IN THIS SPACE	
NAME				IN THIS SPACE	-
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS					ļ
CITY-\$1-ZIF			-		ļ
TITLE NAME			:]
STREET ADORESS CITY-ST-ZIP	1			·	
	certify that the information supplied with the	his filing does not culatily for the e	xemptions contains	ed in Chapter 119, Florida Statutes. I further car	rtify that the information
indicated of the co	d on this report or supplemental report is to reporation or the receiver or trustes empoy to on an attachment with an address, with the content of the co	uejand adcurate/and that my sign ered to effecte/this report as req in all other like empoweedd/	ature shall have the uired by Chapter 60 7	ed in Chapter 119, Florida Statutes. I turther cer same legal affect as if made under ceth; that i 17, Florida Statutes; and that my name appears	in Block 10 or Block 11 il
	1 \1/2	11/1/1/	,		
SIGNA	TURE: SIGNATURE AND TYPED OR P	HTED HAME DE BIGHTING OFFICER OF DIRE	CTOR	Date	Daytsma Priora #