


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

04-19-2007 90417 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000023190</b> 1. Entity Name <b>MILLER GROUP PROPERTIES CORP.</b>			
Principal Place of Business <b>5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786 US</b>		Mailing Address <b>P.O. BOX 2097 WINDERMERE, FL 34786 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03192007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3366710</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, GLENN W 5147 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
PD MILLER, GLENN W 5147 ISLEWORTH COUNTRY CLUB DR WINDERMERE, FL 34786			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ <small>Daytime Phone # _____</small>	