
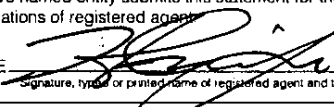
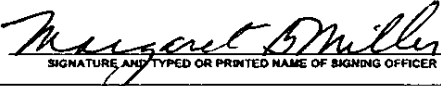


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90036 015 \*\*\*163.75

<b>DOCUMENT # S18267</b> 1. Entity Name <b>MILLER FINANCIAL RESOURCES GROUP, INC.</b>																											
Principal Place of Business <b>7587 ALISTER MACKENZIE DR SARASOTA, FL 34240-8703 US</b>		Mailing Address <b>7587 ALISTER MACKENZIE DR SARASOTA, FL 34240-8703 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>10 WYCLIFF ROAD</b> Suite, Apt., etc.		3. Mailing Address <b>10 WYCLIFF ROAD</b> Suite, Apt., etc.																									
City & State <b>PALM BEACH GARDENS FL</b> Zip <b>33418</b>		City & State <b>PALM BEACH GARDENS FL</b> Zip <b>33418</b>																									
4. FEI Number <b>22-2819776</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		02212008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent  <b>MILLER JR, H LINCOLN 7587 ALISTER MACKENZIE DR SARASOTA, FL 34240-8703</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>10 WYCLIFF ROAD</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33418</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 		H. LINCOLN MILLER, JR. <span style="float: right;">2-21-08</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           P MILLER, H. LINCOLN JR 7587 ALISTER MACKENZIE DR SARASOTA, FL 342408703 <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           10 WYCLIFF ROAD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           ST MILLER, MARGARET B. 7587 ALISTER MACKENZIE DR SARASOTA, FL 342408703 <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           10 WYCLIFF ROAD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">             <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, H. LINCOLN JR 7587 ALISTER MACKENZIE DR SARASOTA, FL 342408703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 WYCLIFF ROAD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, MARGARET B. 7587 ALISTER MACKENZIE DR SARASOTA, FL 342408703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 WYCLIFF ROAD PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		MARGARET B. MILLER SECY/TREASURER <span style="float: right;">2-21-08 627-8875</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									