2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F48014

Entity Name: CORTES MILLENNIUM INSURANCE & INVESTMENTS, CORP.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
506
CORAL GABLES, FL 33134 US

New Principal Place of Business:

550 INDIAN WELLS AVE
KISSIMMEE, FL 34759 US

Current Mailing Address:

520 BRICKELL KEY DR
704
MIAMI, FL 33131 US

New Mailing Address:

550 INDIAN WELLS AVE
KISSIMMEE, FL 34759 US

FEI Number: 59-2119808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, FERNANDO D SR
520 BRICKELL KEY DR
APT #704
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CORTES, FERNANDO D SR
550 INDIAN WELLS AVE
KISSIMMEE, FL 34759 US

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.

SIGNATURE: 04/24/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: CORTES, FERNANDO,
Address: 520 BRICKELL KEY DR APT 704
City-St-Zip: MIAMI, FL 33131

Title: VPS ( ) Delete
Name: CORTES, LOURDES,
Address: 520 BRICKELL KEY DR APT 704
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: CORTES, FERNANDO D PRES.
Address: 550 INDIAN WELLS AVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VPS (X) Change ( ) Addition
Name: CORTES, LOURDES,
Address: 550 INDIAN WELLS AVE
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO D. CORTES PRES 04/24/2007
Electronic Signature of Signing Officer or Director — Date