


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000088410**  
 1. Entity Name  
 MILLENIUM TELECOM, INC.



Principal Place of Business      Mailing Address  
 3300 SW 14TH PLACE, UNIT 3      3300 SW 14TH PLACE, UNIT 3  
 BOYNTON BEACH, FL 33426-9034      BOYNTON BEACH, FL 33426-9034

**DO NOT WRITE IN THIS SPACE**



02252005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0868678      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCHONE, LARRY T  
 72 NE 5TH AVENUE  
 DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLER, KEVIN 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 334269034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CANNON, JOSEPH J 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 334269034
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	

**DO NOT WRITE IN THIS SPACE**

000001308551  
 04/16/05-200006-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_      4-8-05      561-364-2707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #