2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# P94000055365

Entity Name: MILLENIUM TIME, INC.

Current Principal Place of Business:

401 BISCAYNE BLVD.
#S-143
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

401 BISCAYNE BLVD.
#S-143
MIAMI, FL 33131

New Mailing Address:

139 N.E. 1ST STREET
103
MIAMI, FL 33132

FEI Number: 65-0510228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODYWALA, SAM
401 BISCAYNE BLVD., #S-143
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TODYWALA, SAM
139 N.E. 1ST STREET
MIAMI, FL 33132 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: _____ 10/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TODYWALA, SAM
Address: 5340 NW 104 CT
City-St-Zip: MIAMI, FL 33178

Title: SD ( ) Delete
Name: TODYWALA, LYLA
Address: 5340 NW 104 CT
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TODYWALA, SAM
Address: 5340 NW 104 CT
City-St-Zip: MIAMI, FL 33178 US

Title: SD (X) Change ( ) Addition
Name: TODYWALA, LYLA
Address: 5340 NW 104 CT
City-St-Zip: MIAMI, FL 33178 US

Title: D ( ) Change (X) Addition
Name: ALAN, AKOUKA
Address: 7625 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321 US

Title: D ( ) Change (X) Addition
Name: AKOUKA, MEREDITH
Address: 7625 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321 US

Title: D ( ) Change (X) Addition
Name: KELLY, STEVEN
Address: 15590 PARKVIEW DRIVE
City-St-Zip: NEWBURY, OH 44065 US

Title: D ( ) Change (X) Addition
Name: CASTRO, PATRICIA
Address: 6659 ALISO DRIVE
City-St-Zip: MIAMI, FL 33413 US

I hereby certify that the information supplied with this filing does not qualify 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: SAM TODYWALA PD 10/16/2009
Electronic Signature of Signing Officer or Director — Date