

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003357

FILED
Feb 23, 2010
Secretary of State

Entity Name: MILLENNIUM FALCON GROUP CORP.

Current Principal Place of Business:

11 HARBOR PARK DR
PORT WASHINGTON, NY 11050

New Principal Place of Business:

Current Mailing Address:

11 HARBOR PARK DR
PORT WASHINGTON, NY 11050

New Mailing Address:

FEI Number: 11-3357485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP
Name: LEEDS, RICHARD
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: VC
Name: LEEDS, ROBERT
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: D
Name: LEEDS, BRUCE
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: V
Name: AXMACHER, THOMAS
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: V
Name: LEEDS, BRUCE
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: V
Name: LEEDS, ROBERT
Address: 11 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

I hereby 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 all other like empowered.

SIGNATURE: THOMAS AXMACHER

VP

02/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date