2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001444

Address:

City-St-Zip:

6117 SANDSTONE COURT

CLIFTON, VA 20124

Entity Name: MILLENNIUM ENGINEERING AND INTEGRATION CO.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	SON COURT E BEACH, FL (32937		
Current Mailing Address:			New Mailing Address:	
SUITE 71'	STAL DRIVE 1 ON, VA 22202			
FEI Number	: 52-1930003	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU				
	Electroni	c Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHRM () MCKEE, BRIAN 815 LM DRIVE WEST RIVER, M	Delete ID 20778	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VCHM () WISNOSKY, KE 4219 38TH STR WASHINGTON,	ET NW	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () WISNOSKY, KE 4219 38TH STR WASHINGTON,	ET NW	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () HALL, SUSAN 13215 GENTRY HAGERSTOWN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	SD () MAURER, RICH	Delete ARD	Title: Name:	() Change () Addition

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.

Address: City-St-Zip:

SIGNATURE: VERONICA ARMOUR CONT 04/15/2009