

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000650

FILED
Sep 13, 2002
Secretary of State

Entity Name: CHRISTIAN MILLENNIUM GROUP INC.

Current Principal Place of Business:

1405 NW 66 AVE
MARGATE, FL 33063

New Principal Place of Business:

PO BOX 189
TITUSVILLE, FL 32781

Current Mailing Address:

P.O. BOX 189
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVIN, LAURIE L
1405 NW 66 AVE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

GAVIN, LAURIE L
PO BOX 189
TITUSVILLE, FL 32781 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:

09/13/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAVIN, THOMAS H
Address: 1405 NW 66 AVE
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: GAVIN, LAURIE L
Address: 1405 NW 66 AVE
City-St-Zip: MARGATE, FL 33063

Title: STD () Delete
Name: GAVIN, DALE R
Address: 1405 NW 66 AVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAVIN, THOMAS H
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

Title: VD (X) Change () Addition
Name: GAVIN, LAURIE L
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

Title: DIR (X) Change () Addition
Name: GAVIN, DALE R
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE GAVIN

VP

09/13/2002

Electronic Signature of Signing Officer or Director

Date