

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000650

FILED
Oct 20, 2004
Secretary of State**Entity Name:** CHRISTIAN MILLENNIUM GROUP INC.**Current Principal Place of Business:**PO BOX 189
TITUSVILLE, FL 32781**New Principal Place of Business:**500 SOUTH SURF ROAD
HOLLYWOOD, FL 33019**Current Mailing Address:**P.O. BOX 189
TITUSVILLE, FL 32781**New Mailing Address:**500 SOUTH SURF ROAD
HOLLYWOOD, FL 33019**FEI Number:** 59-3704150 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**GAVIN, LAURIE L
PO BOX 189
TITUSVILLE, FL 32781 US**Name and Address of New Registered Agent:**GAVIN, LAURIE L
500 SOUTH SURF ROAD
HOLLYWOOD, FL 33019 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: LAURIE GAVIN

10/20/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: GAVIN, THOMAS
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781**Title:** VD () Delete
Name: GAVIN, LAURIE L
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781**Title:** DIR () Delete
Name: GAVIN, DALE
Address: PO BOX 189
City-St-Zip: TITUSVILLE, FL 32781**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: GAVIN, THOMAS PASTOR
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019**Title:** VD (X) Change () Addition
Name: GAVIN, LAURIE L PASTOR
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019**Title:** DIR (X) Change () Addition
Name: GAVIN, DALE
Address: 500 SOUTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

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: THOMAS HAVIN

PD

10/20/2004

Electronic Signature of Signing Officer or Director_____
Date