FILED Feb 02, 2004 8:00 am Secretary of State

2004 NOT	r-For-Profit Corporatio
	ANNUAL REPORT

DOCUMENT # N9700006406 1. Entity Name EARTH'S MILLENNIUM, INC.					02-02-2004 90020 035 ****61.25			
Principal Place of Business 1615 6TH STREET VERO BEACH, FL 32962 Mailing Address 1615 6TH STREET VERO BEACH, FL 32962 VERO BEACH, FL 32962						24005716	·	
Principal Place of Business 3. Mailing Address								
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		Suite, Apt. #, etc.			Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number, 59-34810	56		olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Addi		
6. Name and Address of Current Registered A		stered Agent		7. Name and Ad	dress of New Reg	gistered Agent		
LAW OFFICE OF E. CLAYTON YATES 205 S. SECOND ST FORT PIERCE, FL 34950				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code)	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Fiting Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Fit Trust Fund Contribution			paign Financing I_	\$5.00 May Be		ke check payable to la Department of St		
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHAN	GES TO OFFICER	S AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YATES, CAMILLE S 2303 OAKE DRIVE FORT PIERCE, FL 34949	☐ Delete	NAME STREET ADDRESS	PSD YATES, CAMILI 719 GEORGIA A FORT PIERCE,	AVENUE	🙀 Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TAYLOR, KATRINA J 1615 6TH STREET VERO BEACH, FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARK 1615 6TH STREET VERO BEACH, FL 32962	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ ~		,Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSAKIS, JACQUELINE C 317 S 2ND AVE FT PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	op on the second of the second		Change	Addition	
	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe, or on an attachment with an address, with	e and accurate and that my red to execute this report a all other like empowered.	y signature shall hav is required by Chapt		s if made under or and that my name	atn; that I am an officer appears in Block 10 or	Block 11 if	