


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006406	
1. Entity Name EARTH'S MILLENNIUM, INC.	

Principal Place of Business 1615 6TH STREET VERO BEACH, FL 32962	Mailing Address 1615 6TH STREET VERO BEACH, FL 32962
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICE OF E. CLAYTON YATES
205 S. SECOND ST
FORT PIERCE, FL 34950**

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YATES, CAMILLE S 719 GEORGIA AVENUE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TAYLOR, KATRINA J 1615 6TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARK 1615 6TH STREET VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSAKIS, JACQUELINE C 317 S 2ND AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000219045
02/08/05-80013-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KATRINA J. TAYLOR* 2/1/05 772 778 0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

KATRINA J. TAYLOR