


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006406</b> 1. Entity Name <b>EARTH'S MILLENNIUM, INC.</b>	
---	---

Principal Place of Business <b>1615 6TH STREET VERO BEACH, FL 32962</b>	Mailing Address <b>1615 6TH STREET VERO BEACH, FL 32962</b>
--	--



02022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3481056</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000937806 05/27/08-80063-022 61.25</b>
---	--	---

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **2/12/08** **722-971-9798**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #