

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 |                                                                                                                          |                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000009428</b><br>1. Entity Name<br><b>MILLENNIUM VENDING CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                 |                                                                                                                          |                                                                                                               |  |
| Principal Place of Business<br><b>3953 VERSAILLES DRIVE<br/>TAMPA, FL 33634</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 | Mailing Address<br><b>3953 VERSAILLES DRIVE<br/>TAMPA, FL 33634</b>                                                      |                                                                                                                                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | 3. Mailing Address              |                                                                                                                          |                                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | Suite, Apt. #, etc.             |                                                                                                                          |                                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | City & State                    |                                                                                                                          | 04272006    Chg-P    CR2E034 (11/05)                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | Country                         |                                                                                                                          | 4. FEI Number<br><b>59-3620815</b>                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 |                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 |                                                                                                                          | 7. Name and Address of New Registered Agent                                                                                                                                                    |  |
| <b>DIAZ, ANTHONY JOSEPH<br/>3953 VERSAILLES DRIVE<br/>TAMPA, FL 33634</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                 |                                                                                                                          | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 <i>Anthony J. Diaz</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                 |                                                                                                                          | DATE <b>4/27/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution... <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                    |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRES<br/>DIAZ, ANTHONY JOSEPH<br/>3953 VERSAILLES DRIVE<br/>TAMPA, FL 33634</b> | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>DIAZ, PEGGY<br/>3953 VERSAILLES DRIVE<br/>TAMPA, FL 33634</b>             | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | <input type="checkbox"/> Delete |                                                                                                                          |                                                                                                                                                                                                |  |
| 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 607, 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: <i>Anthony J. Diaz</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 | Date _____ Daytime Phone # _____                                                                                         |                                                                                                                                                                                                |  |