

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90079 034 ***150.00

DOCUMENT # P00000023731 1. Entity Name MILLENNIUM TRAVEL AND PROMOTIONS, INC.					
Principal Place of Business 2900 SOUTH NOVA ROAD SUITE 3 SOUTH DAYTONA, FL 32119			Mailing Address 2900 SOUTH NOVA ROAD SUITE 3 SOUTH DAYTONA, FL 32119		
2. Principal Place of Business 4647 S. Clyde Morris		3. Mailing Address 4647 S. Clyde Morris			
Suite, Apt. #, etc. Unit 501		Suite, Apt. #, etc. Unit 501			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 59-3632722	
Zip 32129-3001		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMAND, KAREN E. 2900 SOUTH NOVA ROAD SUITE 3 SOUTH DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name Karen E. Armand Street Address (P.O. Box Number is Not Acceptable) 4647 S. Clyde Morris Unit 501 City Port Orange FL Zip Code 32129-3001		
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: <u><i>Karen E. Armand</i></u> 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMAND, KAREN E 2900 SOUTH NOVA ROAD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMAND, TONY J 2900 SOUTH NOVA ROAD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMAND, HENRY J 2900 SOUTH NOVA ROAD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Armand, Karen E. 4647 S. Clyde Morris, Unit 501 Port Orange, FL 32129-3001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Armand, Tony J. 4647 S. Clyde Morris, Unit 501 Port Orange, FL 32129-3001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Armand, Henry J. 4647 S. Clyde Morris, Unit 501 Port-Orange, FL 32129-3001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u><i>Karen E. Armand</i></u> 2/15/05 (386) 763-5780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					