2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059929

Entity Name: MILLENNIUM AIR CONTROL CORP.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

234 ACICIA WALK 6455 HIGHWAY 60 EAST LAKE WALES, FL 33853 LAKE WALES, FL 33898

Current Mailing Address: New Mailing Address:

234 ACICIA WALK 6455 HIGHWAY 60 EAST LAKE WALES, FL 33853 LAKE WALES, FL 33898

FEI Number: 59-3710201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARSON, JONATHAN C
234 ACICIA WALK
LAKE WALES, FL 33853

CARSON, JONATHAN C
6455 HIGHWAY 60 EAST
LAKE WALES, FL 33898

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.

SIGNATURE: JONATHAN CARSON 07/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CARSON, JONATHAN Name: CARSON, JONATHAN

 Name:
 CARSON, JONATHAN
 Name:
 CARSON, JONATHAN

 Address:
 2345 ACACIA WALK
 Address:
 6455 HIGHWAY 60 EAST

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 LAKE WALES, FL 33898

Title: VP () Delete Title: () Change () Addition

 Name:
 CARSON, BILL
 Name:

 Address:
 3524 TWISTED OAK CT
 Address:

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CARSON, SYLVIA
 Name:

 Address:
 3524 TWISTED OAK CT
 Address:

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN CARSON PRES 07/01/2004