FROM :RALPH C HUFF FAX NO. :330 833-4234

FILED
Aug 02, 2006 8:00 am
Secretary of State
08-02-2006 90003 026 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070117

1. Entity Name
NEW MILLENNIUM SALES & MARKETING, INC.

Principal Place of Business
4360 SE COMMERCE AVE
STUART, FL 34997

Mailing Address
4360 SE COMMERCE AVE
STUART, FL 34997

06302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 4358 SE Commerce Ave
Suite, Apt #, etc.
City & State: Stuart FL
Zip: 34997 Country

3. Mailing Address: 4358 SE Commerce Ave
Suite, Apt #, etc.
City & State: Stuart FL
Zip: 34997 Country

4. FEI Number 65-1027034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIRESTONE, SYLVIA
4358 ~~4360~~ SE COMMERCE AVE
STUART, FL 34997

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FIRESTONE, SANDER	
STREET ADDRESS	4358 ~~4360~~ SE COMMERCE AVE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	☐ Delete
NAME	FIRESTONE, SYLVIA	
STREET ADDRESS	4358 ~~4360~~ SE COMMERCE AVE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7/21/06 [initials]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #