


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000007264	
1. Entity Name MILLENNIUM PAINT BALL PRODUCTIONS, INC.	

Principal Place of Business 670 COUNTRY CLUB DRIVE CRYSTAL RIVER FL 34429 US	Mailing Address 670 COUNTRY CLUB DRIVE CRYSTAL RIVER FL 34429 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3714402** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRICELLI, BENEDICT 670 COUNTRY CLUB DRIVE CRYSTAL RIVER FL 34429		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRICELLI, BENEDICT	NAME	U00000245105
STREET ADDRESS	670 COUNTRY CLUB DRIVE	STREET ADDRESS	02/28/05-80012-007 150.00
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRICELLI, BONNIE J	NAME	
STREET ADDRESS	670 COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRICELLI, BENEDICT	NAME	
STREET ADDRESS	670 NORTH COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 32629	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie Torricelli* **BONNIE J. TORRICELLI, 2/23/05 352-795-067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #