

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 027 \*\*\*158.75

<b>DOCUMENT # P01000012053</b> 1. Entity Name <b>MILLENNIUM SOURCING TWO, INC.</b>			
Principal Place of Business <b>1900 SOUTH HARBOR CITY BLVD MELBOURNE FL 32901</b>		Mailing Address <b>1900 SOUTH HARBOR CITY BLVD MELBOURNE FL 32901</b>	
2. Principal Place of Business - No P.O. Box # <b>1814 SARNO ROAD</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MELBOURNE FL</b>		City & State <b>SAME</b>	
Zip <b>32935</b>		Zip <b>32935</b>	
Country <b>USA</b>		Country 	
4. FEI Number <b>59-3708433</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>BINAI, EDWARD 1900 SOUTH HARBOR CITY BLVD MELBOURNE FL 32901</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>BINAI, EDWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1814 SARNO ROAD</b> City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32935</b>	
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 		<b>EDWARD BINAI, PRES</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <b>4-12-07</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BINAI, EDWARD</b> <b>540 E FRANKLYN AVE</b> <b>INDIALANTIC FL 32903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 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: 		<b>EDWARD BINAI, PRES</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-12-07</b>	
		Daytime Phone # <b>321-253-9967</b>	