

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069987

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: MILLENNIUM TRUST MORTGAGE, INC.

## Current Principal Place of Business:

8361 NW 24 COURT  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

8361 NW 24 COURT  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 65-1120575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, RITA  
8361 NW 24 COURT  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WHITE, RITA  
Address: 8361 NW 24 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: WHITE, DENISE  
Address: 2032 SE DRIFTWOOD STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RITA WHITE

OWNE

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date