

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049286

Entity Name: MILLENNIUM LABORATORIES, INC.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

12721 RACETRACK RD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12721 RACETRACK RD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 01-0709107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAYAN, TAYSEER E
16329 BIRKDALE DR
ODESSA, FL 33556 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: DP () Delete
Name: ZAYAN, TAYSEER E
Address: 16329 BIRKDALE DR
City-St-Zip: ODESSA, FL 33556

Title: DV () Delete
Name: CRUM, KATHERINE
Address: 7164 QUAIL HOLLOW BLVD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DS () Delete
Name: MARTINOVICH, MARSHA
Address: 5054 33RD AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: DT () Delete
Name: DUQUAINE, DONALD
Address: 6434 WILCHIRE DR
City-St-Zip: TAMPA, FL 33615

Title: D (X) Delete
Name: WHITEHURST, CHRISTY
Address: 245 TUCKER ST
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: EL GENDI, HATEM
Address: 11812 E HAMPTON DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: ZAYAN, TAYSEER E
Address: 16329 BIRKDALE DR
City-St-Zip: ODESSA, FL 33556

Title: DP (X) Change () Addition
Name: CRUM, KATHERINE
Address: 7164 QUAIL HOLLOW BLVD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DS (X) Change () Addition
Name: DUQUAINE, DONALD
Address: 6434 WILSHIRE DR
City-St-Zip: TAMPA, FL 33615

Title: DT (X) Change () Addition
Name: ELGENDI, HATEM
Address: 11812 EASTHAMPTON DR
City-St-Zip: TAMPA, FL 33626

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 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: KATHERINE CRUM

DP

02/07/2007

Electronic Signature of Signing Officer or Director

Date