

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049286

Entity Name: MILLENNIUM LABORATORIES, INC.

FILED  
Jan 14, 2008  
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: DV ( ) Delete  
Name: ZAYAN, TAYSEER E  
Address: 16329 BIRKDALE DR  
City-St-Zip: ODESSA, FL 33556

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KATHERINE CRUM

DP

01/14/2008

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

\_\_\_\_\_  
Date