

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049286

Entity Name: MILLENNIUM LABORATORIES, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

12721 RACETRACK RD
TAMPA, FL 33626

New Principal Place of Business:

12721 RACE TRACK RD
TAMPA, FL 33626

Current Mailing Address:

12721 RACETRACK RD
TAMPA, FL 33626

New Mailing Address:

12721 RACE TRACK RD
TAMPA, FL 33626

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

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date