


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000124313	
1. Entity Name MILLENNIUM INNOVATIVE SERVICE, INC.	

Principal Place of Business	Mailing Address
C/O STEPHEN MORRIS 7783 GRANDE STREET FORT LAUDERDALE, FL 33351	C/O STEPHEN MORRIS 7783 GRANDE STREET FORT LAUDERDALE, FL 33351

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0491602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NROWN, DAVID M ESQ
NORTHMARK BLDG STE 208
33 NE 2 ST
FT LAUDERDALE, FL 33301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, STEPHEN
STREET ADDRESS	4160 INVERRAY DR BLDG 5 #202
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	V
NAME	CREQUE, GRACE A
STREET ADDRESS	4160 INVERRAY DR BLDG 5 #202
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	ST
NAME	MORRIS, DAWN E
STREET ADDRESS	4160 INVERRAY DR BLDG 5 #202
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80085-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  04-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #