## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023210

MCLAUGHLIN, GEORGE

COCOA, FL 32927

3860 CURTIS BLVD. #632

Name:

Address:

City-St-Zip:

Entity Name: MILLENNIUM COMMUNICATIONS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
3860 CURT SUITE 632 COCOA, FI						
Current Mailing Address:			New Mailing Addre	New Mailing Address:		
3860 CURT SUITE 632 COCOA, FI						
FEI Number:	84-1618436	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent	:: Name and Addres:	s of New Registered Agent:		
2351 W. EA MELBOUR	NE, FL 3293	SLVD., SUITE 1 35 US	he purpose of changing its registe	ered office or registered agent, or both,		
SIGNATUR		onic Signature of Registered	Agent	Date		
Election Carr		ng Trust Fund Contribution ( ).	Ŭ			
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( ECHEVARRIA 3860 CURTIS COCOA, FL 3	BLVD. #632	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DPT ( SOLIMAN, MA 3860 CURTIS COCOA, FL 3	BLVD. #632	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DVPS ( EURGATIS, JI 3860 CURTIS COCOA, FL 3	BLVD. #632	Address: 3860 CU	(X) Change ( ) Addition GHLIN, GEORGE RTIS BLVD. #632 FL 32927		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK SOLIMAN DPT 04/14/2009