
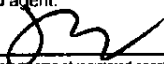
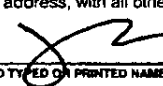


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90027 033 \*\*\*150.00

<b>DOCUMENT # P03000083402</b> 1. Entry Name <b>MILLENNIUM WOMAN INTERNATIONAL SPORTS CENTER, INC.</b>					
Principal Place of Business <b>201 W. CANTON AVENUE, SUITE B WINTER PARK FL 32789</b>			Mailing Address <b>201 W. CANTON AVENUE, SUITE B WINTER PARK FL 32789</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0133873</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PALMETTO CHARTER SERVICES, INC.</b> <b>150 MAGNOLIA AVENUE</b> <b>DAYTONA BEACH FL 32114</b>				Name <b>T. M. O'SHAUGHNESSY</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 CANTON AVE</b> <b>WINTER PARK</b> City <b>FL</b> Zip Code <b>32789</b>	
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  <b>T.M. O'SHAUGHNESSY</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2-3-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	O'SHAUGHNESSY, MICHAEL	NAME			
STREET ADDRESS	201 W. CANTON AVENUE, SUITE B	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEVLIN, YVONNE	NAME			
STREET ADDRESS	201 W. CANTON AVENUE, SUITE B	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SNOW, SINDEE	NAME			
STREET ADDRESS	201 W. CANTON AVENUE, SUITE B	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date <b>2/3/04</b> Daytime Phone # <b>407.6284401</b>	