

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000156266

1. Entity Name

MILLENNIUM ALCHEMY - DIAMONDS & PLATINUM, INC.



Principal Place of Business

**6131 PALOMINO CIRCLE
UNIVERSITY PARK, FL 34201 US**

Mailing Address

**15 PARADISE PLAZA
213
SARASOTA, FL 34239-6905 US**



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2022220

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**W. R. KLEIN, P.A.
1900 MAIN ST
310
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KATSABEKIS, THOMAS
15 PARADISE PLAZA # 213
SARASOTA, FL 342396905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
KATSABEKIS, MICHELE A
15 PARADISE PLAZA #213
SARASOTA, FL 342396905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000518628
05/02/06-80018-032 8.75

U00000518628
05/02/06-80018-033 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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:

Michele A. Katsabekis, Vice President 04-10-'06 (941)355-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #