

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 8:00 am
Secretary of State

07-26-2006 90002 010 ***150.00

DOCUMENT # P05000128337 1. Entity Name MILLENNIUM SERVICES OF PINELLAS, INC.			
Principal Place of Business 6989 GEORGE M. LYNCH DRIVE NORTH ST PETERSBURG, FL 33702		Mailing Address 6989 GEORGE M. LYNCH DRIVE NORTH ST PETERSBURG, FL 33702	
2. Principal Place of Business 6692 46th Ave N <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 47887 <small>Suite, Apt. #, etc.</small>	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33709		Zip 33743	
Country USA		Country USA	
4. FEI Number 371439820		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 MORLES, JULISSA 6989 GEORGE M. LYNCH DRIVE NORTH ST PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Mary Masuyada Street Address (P.O. Box Number is Not Acceptable) 6692 46th Ave N City St. Petersburg FL Zip Code 33709	
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 <u>Mary Masuyada</u> DATE <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST BENITO, GUMERCINDO M 3507 DARLINGTON ROAD HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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 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: <u>[Signature]</u> <small>Typed or printed name of signing officer or director</small>		DATE: <u>7/21/06</u> TIME: <u>7:22:54</u> PHONE: <u>9702</u>	

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