2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159221

Entity Name: GLOBAL MILLENIUM SERVICES, INC.

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8637 SAINT MARINO BLVD ORLANDO, FL 32836 US

Current Mailing Address: New Mailing Address:

8637 SAINT MARINO BLVD PO BOX 692368

ORLANDO, FL 32836 US ORLANDO, FL 32836 US

FEI Number: 74-3163268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

ARIAS, ROBINSON
PO BOX 692368
ORLANDO, FL 32869 US

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.

SIGNATURE: ROBINSON ARIAS 03/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARIAS, ROBINSON ARIAS, ROBINSON Name: Name: 8637 SAINT MARINO BLVD Address: 8637 SAINT MARINO BLVD Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: ORLANDO, FL 32836 US

Title: () Delete Title: VP () Change (X) Addition

Name: Name: AYALA, SAMUÉL

 Address:
 Address:
 8637 SAINT MARINO BLVD

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32836

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 GOMEZ, MARGIE

 Address:
 Address:
 2035 BEARING LANE

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBINSON ARIAS P 03/15/2006