## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000005721

Entity Name: MILLENNIUM MORTGAGE MARKETING, INC.

FILED Apr 09, 2007 Secretary of State

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

C/O 8434 NW 57TH DRIVE C/O 20 SW 27TH AVENUE CORAL SPRINGS, FL 33067 US

SUITE 103

POMPANO BEACH, FL 33069 US

**Current Mailing Address:** New Mailing Address:

C/O 8434 NW 57TH DRIVE C/O 20 SW 27TH AVENUE

CORAL SPRINGS, FL 33067 US SUITE 103

POMPANO BEACH, FL 33069 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SENNER, SAMUEL J SENNER, SAMUEL J 8434 NW 57TH DRIVE C/O 20 SW 27TH AVENUE

CORAL SPRINGS, FL 33067 US SUITE 103

POMPANO BEACH, FL 33069 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: SAMUEL J. SENNER 04/09/2007

> 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 SENNER, SAMUEL J SENNER, SAMUEL J Name: Name:

8434 NW 57TH DRIVE C/O 20 SW 27TH AVENUE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 US City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DVPT () Delete Title: () Change () Addition

Name: BROFERMAKER, CHAD M Name: 6645 HOLLANDAIRE DRIVE WEST Address: Address: City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip:

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: SAMUEL J. SENNER **DPS** 04/09/2007