2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P06000005874** 04-16-2007 90043 031 ***150.00 1. Entity Name MILLÉNIUM MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 40000 14037 NEVIS ROAD 14037 NEVIS ROAD FORT MYERS, FL 33905 FORT MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14661 Halm Bencin Blud 1461 Palm Beach Bluc Suite, Apt. #, etc. Suite. Apt. #. etc. 03262007 Chg-P CR2E034 (12/06) A JOI 10CD A 4. FEI Number 03-05780 Applied For City & State ०४४ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUMMET, DENNIS 14037 NEVIS ROAD FORT MYERS, FL 33905 [™] 23920 Alva 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 107 DAVID A. MONNACELL SIGNATURE. red agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΡD Change ☐ Addition TITLE ☐ Delete TITLE monacell, David NAME MONACELL, DAVID NAME 14180 Duke Highway STREET ADDRESS 14037 NEVIS ROAD STREET ADDRESS CITY-ST-ZIP FL 33920 CITY-ST-ZIP FORT MYERS, FL 33905 Alva . Change TITLE ☐ Delete TITLE ☐ Addition martinez, Jeremy 13392 Island Blvo MARTINEZ, JEREMY NAME NAME STREET ADDRESS 13486 CARUBBEAN BLVD. STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-7IP · myers Addition Change ☐ Delete TITLE TITLE aughun MCLAUGHUN, JOHN NAME NAME 14651 Palm Beach 1314 ADOI # Du 14037 NEVIS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-7IP ☐ Delete TITLE Change ■ Addition DTI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS At bid Exercic Common CITY-ST-ZIP CITY-ST-7IP 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.

259 425 5870

4/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: