2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029643

Entity Name: MILLENNIUM PAVERS. CO

BAPTISTIM, GERSON

ORLANDO, FL 32835

1016 SWEETBROOK WAY

Name:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Entity Name: MILLENNIUM PAVERS, CO				
Current Principal Place of Business:			New Principal Place of Business:	
	ETBROOK WAY), FL 32828 US			
Current Mailing Address:			New Mailing Address:	
	ETBROOK WAY), FL 32828 US			
FEI Number:	FE	I Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
SHOCKMEDIA CORPORATION 7862 W IRLO BRONSON HWY 121 KISSIMMEE, FL 34747 US			FABIAN QUEIROZ 1016 SWEETBROOK WAY ORLANDO, FL 32828 US	
	named entity subn of Florida.	nits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATURE: FABIAN QUEIROZ				04/30/2007
	Electronic Si	gnature of Registered Age	ent	Date
Election Can	npaign Financing Tru	st Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele QUEIROZ, FABIAN 1016 SWEETBROOF ORLANDO, FL 3282	(WAY	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Dele MARTINEZ, RIGOBE 6659 WESTMONT ORLANDO, FL 3281	RTO R	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Dele FARIA, JULIO C 1473 SOUTH KIRKM ORLANDO, FL 3281	AN RD, STE#1079	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	S () Dele	te	Title:	() Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: FABIAN QUEIROZ PRES 04/30/2007