2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000016872

2100 APALACHEE PKWY

TALLAHASSEE, FL 32307

Address: City-St-Zip:

Intity Name: THE MILLENIUM GLIARDIAN CORPORA

FILED Nov 23, 2009 Secretary of State

Entity Name: THE MILLENIUM GUARDIAN CORPORATION				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ACHEE PKWY SEE, FL 32307			
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
400 CAPITAL CIRCLE SE SUITE 18-216 TALLAHASSEE, FL 323013839		SUITE 18-216	400 CAPITAL CIRCLE SE SUITE 18-216 TALLAHASSEE, FL 323013802	
FEI Number:	FEI Number Applied For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agen	t: Name and Address o	Name and Address of New Registered Agent:	
SMITH, JOHN ROBERT 2100 APALACHEE PKWY TALLAHASSEE, FL 32307 US				
The above in the State	named entity submits this statement for of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JOHN ROBERT SMITH				
	Electronic Signature of Registered	d Agent	Date	
	e with s. 607.193(2)(b), F.S., the corporation opaign Financing Trust Fund Contribution ().	•		
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SMITH, JOHN ROBERT 2100 APALACHEE PKWY TALLAHASSEE, FL 32307	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SMITH, SUSAN ANNETTE 2100 APALACHEE PKWY TALLAHASSEE, FL 32307	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete PRIEST, ALEXANDER G	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: SUSAN ANNETTE SMITH D 11/23/2009