

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P17246
 1. Entity Name
AMERICAN MILLENNIUM INSURANCE COMPANY



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| Principal Place of Business 5 MARINE VIEW PLAZA SUITE 201 HOBOKEN, NJ 07030 US | Mailing Address 5 MARINE VIEW PLAZA SUITE 201 HOBOKEN, NJ 07030 US |
|--|--|



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 22-3208647 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000262848
 03/14/05-80071-013 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BEITLER, MARTIN 1225 RIVER ROAD EDGEWATER, NJ 07020 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MALLOZZI, EDWARD 76 THE GLEN GLEN HEAD, NY 115452254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GARTLAND, JAMES M 413 CATON AVENUE BROOKLYN, NY 112181703 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Edward J. Mallozzi **VP** 3/4/05 (201) 714-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #