2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17246

FILED Mar 30, 2009 Secretary of State

Entity Name: AMERICAN MILLENNIUM INSURANCE COMPANY

Current Principal Place of Business:		New Principal Place of Business:		
MARINE UITE 201	VIEW PLAZA			
	N, NJ 07030	US		
urrent Mailing Address:		New Mailing Address:		
	VIEW PLAZA			
UITE 201 OBOKEN	N, NJ 07030	US		
El Number:	: 22-3208647	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
O BOX 6	IANCIAL OFFI 3200 (32314-62 INES ST			
ALLAHAS	SSEE, FL 323		ourpose of changing its registere	ed office or registered agent or both
he above	SSEE, FL 323		ourpose of changing its registere	ed office or registered agent, or both,
ALLAHA: he above	SSEE, FL 323 named entity: of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
ALLAHAS he above the State	SSEE, FL 323 named entity of Florida. RE:			ed office or registered agent, or both, Date
ALLAHAS he above the State	SSEE, FL 323 named entity se of Florida. RE: Electror	submits this statement for the բ		
ALLAHAS he above the State IGNATUR dection Car	SSEE, FL 323 named entity se of Florida. RE: Electror	submits this statement for the particles of Registered Agragation ().	ent	
ALLAHAS he above the State IGNATUR dection Car	SSEE, FL 323 named entity and of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the particle Signature of Registered Agray Trust Fund Contribution (). TORS: Delete TIN DAD	ent	Date
ALLAHAS he above the State IGNATUR ection Car FFICERS ttle: ame: ddress:	ssee, FL 323 named entity of of Florida. RE: Electror mpaign Financing S AND DIREC P () BEITLER, MAR 1225 RIVER RO EDGEWATER,	submits this statement for the partic Signature of Registered Agray Trust Fund Contribution (). TORS: Delete TIN DAD NJ 07020 Delete WARD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: EDWARD MALLOZZI VP 03/30/2009