

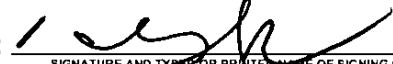


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90446 029 ***150.00

DOCUMENT # P97000039611					
1. Entity Name NEW MILLENNIUM BUILDERS, INC.					
Principal Place of Business 7055 ENCINA LANE BOCA RATON, FL 33433 US			Mailing Address 2499 GLADES RD #103 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box # 2499 GLADES RD		3. Mailing Address			
Suite, Apt. #, etc. # 103		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State		01252007 Chg-P CR2E034 (12/06)	
Zip 33431		Country USA		4. FEI Number 65-0757212	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINE, JEFFREY A 4000 N. FEDERAL HWY #200 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) 6751 N. FEDERAL HWY # 301 City Boca Raton FL Zip Code 33487		
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOOLIK, IAN 7055 ENCINA LANE BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2499 GLADES RD #103 BOCA RATON FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					