

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091517

**FILED**  
**Sep 01, 2005**  
**Secretary of State**

**Entity Name:** NEW MILLENNIUM BUSINESS CONSULTING, INCORPORATED

**Current Principal Place of Business:**

108 ALHAMBRA AVE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

205 DORCHESTER SQUARE  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

380 SOUTH SR 434  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

380 SOUTH SR 434  
SUITE 2004-239  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3509736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARESE, ANDREA  
108 ALHAMBRA AVE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

FARESE, ANDREA  
205 DORCHESTER SQUARE  
LAKE MARY, FL 32746 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

09/01/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FARESE, ANDREA  
Address: 108 ALHAMBRA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FARESE, ANDREA  
Address: 205 DORCHESTER SQUARE  
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREA FARESE

Electronic Signature of Signing Officer or Director

MS

09/01/2005

Date