

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90017033 ***150.00

P98000095780

FILED

08 MAY 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03262008 Chg-P CR2E034 (12/06)

DOCUMENT # P98000095780 1. Entity Name NEW MILLENIUM MARKETING GROUP INC.					
Principal Place of Business 16824 79TH COURT NORTH LOXAHATCHEE, FL 33470			Mailing Address 16824 79TH COURT NORTH LOXAHATCHEE, FL 33470		
2. Principal Place of Business - No P.O. Box # 16824 79 CT. N.		3. Mailing Address 16824 79 CT. N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Loxahatchee, FL		City & State Loxahatchee, FL		4. FEI Number 65-0909636	
Zip 33470		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired AAA		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LABOSSIERE, JACQUES 16824 79 CT. N. LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	OF LABOSSIERE, KETTY 16824 -79 CT N. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LABOSSIERE, JACQUES 168 2479 COURT N. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jacques Labossiere</u>					