2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2004
Secretary of State

DOCUMENT# P99000000639

Entity Name: MILLENNIUM HYPERBARIC OXYGEN, INC.

Current Principal Place of Business:

1804 MAPLELEAF RD
OLDSMAR, FL 34677

New Principal Place of Business:

1804 MAPLELEAF BLVD
OLDSMAR, FL 34677

Current Mailing Address:

1804 MAPLELEAF RD
OLDSMAR, FL 34677

New Mailing Address:

1804 MAPLELEAF BLVD
OLDSMAR, FL 34677

FEI Number: 59-3548923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNOW, GAYLE
1804 MAPLELEAF RD
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

SNOW, GAYLE
1804 MAPLELEAF BLVD
OLDSMAR, FL 34677 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: GAYLE SNOW 04/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SNOW, GAYLE
Address: 1804 MAPLELEAF RD
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SNOW, GAYLE
Address: 1804 MAPLELEAF BLVD
City-St-Zip: OLDSMAR, FL 34677

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: GAYLE SNOW PST 04/11/2004
Electronic Signature of Signing Officer or Director Date