

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90245 049 \*\*\*150.00

**DOCUMENT # P99000058743**

1. Entity Name  
**NEW MILLENIUM REALTY CORP.**



Principal Place of Business  
**8136 CENTRALIA COURT  
STE #3  
LEESBURG, FL 34788**

Mailing Address  
**8136 CENTRALIA COURT  
STE #3  
LEESBURG, FL 34788**

**60002552**



2. Principal Place of Business  
**425 West Town Plaza**

3. Mailing Address  
**425 West Town Plaza**

Suite, Apt. #, etc.  
**Suite 106**

Suite, Apt. #, etc.  
**Suite 106**

01052006 Chg-P CR2E034 (11/05)

City & State  
**St Augustine FL**

City & State  
**St Augustine FL**

4. FEI Number  
**59-3587377**

Applied For  
Not Applicable

Country  
**32092**

Country  
**32092**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAWIL, NICHOLAS  
8136 CENTRALIA COURT  
SUITE #3  
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**425 West Town Plaza**  
**Suite 106**  
City **St Augustine** FL Zip Code **32092**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAWIL, NICHOLAS D.D.S. 8136 CENTRALIA COURT LEESBURG, FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NERAD, STEVEN 18 N. EUSTIS STREET EUSTIS, FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMARU, MICHAEL 3042 LAKE SAXON DRIVE LAND OF LAKES, FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>425 West Town Plaza Suite 106</b> <b>St Augustine FL 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8135 Centralia Court</b> <b>Leesburg FL 34788</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date **1.5.06** Daytime Phone # \_\_\_\_\_