## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 01, 2006 08:00 AM DOCUMENT # P99000089742 **Secretary of State** MILLENNIUM GENERATION, INC. Principal Place of Business Mailing Address 150 MISSOURI AVENUE NORTH 150 MISSOURI AVENUE NORTH LARGO, FL 33770 LARGO, FL 33770 04242006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3601931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HESSLER, KENNETH J DO NOT WRITE 150 MISSOURI AVENUE NORTH LARGO, FL 33770 IN THIS SPACE 5. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HESSLER, KENNETH 150 MISSOURI AVENUE NORTH STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP TITLE HITHUBU546965 MARKE 115/17/16-80004-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

4-25,06