2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Mar 10, 2004 8:00 am **Secretary of State** DOCUMENT # V10828 1. Entity Name 03-10-2004 90027 025 ***150.00 THIRD MILLENNIUM CORPORATION Principal Place of Business Mailing Address 3721 KNIGHT STATION RD LAKELAND FL 33810 3721 KNIGHT STAQTION **U X U N I U N U** LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0315611 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANDEL, JOYCE A 3721 KNIGHTS STATION RD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33810 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete NAME WANDEL, JAMES C NAME 3721 KNIGHTS STATION RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WANDEL, JOYCE A. NAME 3721 KNIGHTS STATION RD STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP HYLE-ANGELA_ISH_MALL_ 11297 CRANE HOLLOW DR LONG MONT Delete TITLE TITLE NAME ISHMAEL ANGELA NAME STREET ADDRESS 934 PYRACANTHA ST STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE FRANCE, D. J. NAME NAME STREET ADDRESS 934 PYRACANTHA ST STREET ADDRESS PALM BAY FL 32908 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that t 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 attayment with an address, with all other like empowered.

CITY-ST-ZIP

TAMES C WANDER 3/2/04 863 815 2429 SIGNATURE: