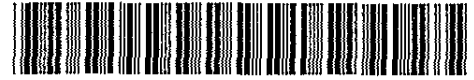


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 A
Secretary of State



DOCUMENT # F0200006016
 1. Entity Name
MILESTONE HOLDING ONE, INC.

Principal Place of Business ATT: TAX DEPT 4200 WACKENHUT DR #10 PALM BEACH GARDENS FL 33410 US	Mailing Address ATT: TAX DEPT 4200 WACKENHUT DR #10 PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 01-0625743	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
 KILBRIDE, ROBERT L ESQ VP
 THE WACKENHUT CORPORATION
 4200 WACKENHUT DRIVE #100
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City
State FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GIBSON, GRAHAME	
STREET ADDRESS	4200 WACKENHUT DR #10	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDSBERG-NIELSEN, SOREN	
STREET ADDRESS	GROUP 4 FALCK A/S/POLITITORVET, DK-1780	
CITY-ST-ZIP	COPENHAGEN V, COP., DENMARK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DERRICK	
STREET ADDRESS	GROUP 4 FALCK A/S/POLITITORVET, DK-1780	
CITY-ST-ZIP	COPENHAGEN V, COP., DENMARK	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, IAN	
STREET ADDRESS	4200 WACKENHUT DR #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KILBRIDE, ROBERT L	
STREET ADDRESS	4200 WACKENHUT DR #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SANDERS, GARY A	
STREET ADDRESS	4200 WACKENHUT DR #10	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

UD0000554438
 05/15/06-80092-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **VP** **4/25/06** **Date** **Daytime Phone #**