


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N97000002295 1. Entity Name MILESTONES COMMUNITY SCHOOL, INC.	
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Principal Place of Business 4400 S. DIXIE HWY PALM BAY, FL 32905	Mailing Address 3099 EAST COMMERCIAL BOULEVARD STE. 200 FT. LAUDERDALE, FL 33308 US
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01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3444711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLahr, JULIE F
 3099 EAST COMMERCIAL BOULEVARD
 STE. 200
 FT. LAUDERDALE, FL 33308

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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: *Julie Klahr* DATE: 3/19/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	SD MANLY, ROBERT 201 1ST STREET N.E. FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD FEKETE, ALEX 1433 PALM DRIVE LAUGHLIN, NV 89029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLAKE, RICHARD 916 BRUNSWICK KANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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UG00000677164
03/30/07-80088-007 61.25

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 617, 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: *Alex Fekete* Alex Fekete 02-02-2007, 702 535-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #