2006 FOR PROFIT CORPORATION

Mar 31, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-31-2006 90011 037 ***150.00 DOCUMENT # P04000136431 MILESTONE EQUITIES, INC. **UU** Principal Place of Business Mailing Address 200 CONGRESS PARK DRIVE 200 CONGRESS PARK DRIVE SUITE 103 SUITE 103 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite 205 Suite, Apt. #, etc. 01052006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-1687653 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUERBACHER, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 200 CONGRESS PARK DRIVE SUITE 104 DELRAY BEACH, FL 33445 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ∑**O**Change ☐ Addition TITLE MADORE, PATRICK S NAME NAME 200 CONGRESS PARK DRIVE STE 103 STREET ADDRESS Suite 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Defete Change TITLE TITLE ☐ Addition NAME OTTO, JOSEPH NAME Suite 205 200 CONGRESS PARK DRIVE STE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY - ST - ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITEE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trastee 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.

CITY-ST-ZIP

STREET ADDRESS

THIE

NAME

SIGNATURE: __

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED