# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2004**
**Secretary of State**

DOCUMENT# N03000006534

**Entity Name:** MILESTONE SOCIAL SERVICES, INC.

**Current Principal Place of Business:**

141 CONCORD DRIVE
SUITE 1205
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

141 CONCORD DRIVE
SUITE 1205
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number: 56-2381620** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAO, SAMUEL
3220 TALL TIMBER DR.
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DUAN, DORIS
Address: 3220 TALL TIMBER DR.
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete
Name: SHAO, SAMUEL
Address: 3220 TALL TIMBER DR.
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SHAO VP 04/01/2004

Electronic Signature of Signing Officer or Director — Date