

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 18, 2008
Secretary of State

DOCUMENT# N03000006534

Entity Name: MILESTONE SOCIAL SERVICES, INC.**Current Principal Place of Business:**315 N. LAKEMONT AVE.
STE. A
WINTER PARK, FL 32792**New Principal Place of Business:**5324 PINEVIEW WAY
APOPKA, FL 32703**Current Mailing Address:**8220 FIRENZE BLVD.
ORLANDO, FL 32836**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:**DUAN, DORIS
8220 FIRENZE BLVD.
ORLANDO, FL 32836 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 W
Address: 8220 FIRENZE BLVD.
City-St-Zip: ORLANDO, FL 32836**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DUAN, DORIS

P

06/18/2008

Electronic Signature of Signing Officer or Director_____
Date