

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 14, 2009
Secretary of State

DOCUMENT# N03000006534

Entity Name: MILESTONE SOCIAL SERVICES, INC.**Current Principal Place of Business:**5324 PINEVIEW WAY
APOPKA, FL 32703**New Principal Place of Business:****Current Mailing Address:**8220 FIRENZE BLVD.
ORLANDO, FL 32836**New Mailing Address:**5324 PINEVIEW WAY
APOPKA, FL 32703**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:**DUAN, DORIS
5324 PINEVIEW WAY
APOPKA, FL 32703 US

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: DUAN, DORIS

05/14/2009

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 32836Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: DUAN, DORIS W
Address: 5324 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703Title: D () Change (X) Addition
Name: SHAO, SHIYUAN
Address: 8220 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836Title: D () Change (X) Addition
Name: ZHAO, JIM J
Address: 11325 LAKE UNDERHILL ROAD, SUITE 102
City-St-Zip: ORLANDO, FL 32825Title: BM () Change (X) Addition
Name: ZHOU, JIE
Address: 815 E. PARRISH AVENUE, SUITE 460
City-St-Zip: OWENSBORO, KY 42303Title: BM () Change (X) Addition
Name: YANG, XINAN
Address: 6022 S DREXEL AVE. #308
City-St-Zip: CHICAGO, IL 60637Title: MGR () Change (X) Addition
Name: LAWRENCE, MICHELLE
Address: 5324 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703

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

D

05/14/2009

Electronic Signature of Signing Officer or Director

Date