2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N05000007967

Entity Name: MILESTONE PROJECTS INCORPORATED

Current Principal Place of Business:

815 EGRET LANDING PLACE #301
ORLANDO, FL 32825

New Principal Place of Business:

3101 LAKE EASTERN BLVD. # 204
ORLANDO, FL 32817

Current Mailing Address:

P.O. BOX 781833
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 90-0400621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLACKMON, JOLONDA
815 EGRET LANDING PLACE #301
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

BLACKMON, JOLONDA
3101 LAKE EASTERN BLVD. # 204
ORLANDO, FL 32817 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: _____ 04/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACKMON, JOLONDA
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: V ( ) Delete
Name: DUMAS, DIONNE
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: T ( ) Delete
Name: WISEMAN, ANNE E
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: S ( ) Delete
Name: GREIR, PEONCA S
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: WELLS, RICHELLE E
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: A (X) Change ( ) Addition
Name: GREIR, PEONCA S
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: S ( ) Change (X) Addition
Name: WELLS, JEANESE Y
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

Title: A ( ) Change (X) Addition
Name: BROWN, BEATRICE R
Address: P.O. BOX 781833
City-St-Zip: ORLANDO, FL 32878

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: JOLONDA BLACKMON PD 04/07/2009
Electronic Signature of Signing Officer or Director — Date