2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N97000002295

Entity Name: MILESTONES COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

4400 S. DIXIE HWY
PALM BAY, FL 32905

New Principal Place of Business:

C/O 3099 EAST COMMERCIAL BLVD
SUITE 200
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3099 EAST COMMERCIAL BOULEVARD
STE. 200
FT. LAUDERDALE, FL 33308 US

New Mailing Address:

3099 EAST COMMERCIAL BLVD
SUITE 200
FORT LAUDERDALE, FL 33308

FEI Number: 59-3444711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAHR, JULIE F
3099 EAST COMMERCIAL BOULEVARD
STE. 200
FT. LAUDERDALE, FL 33308 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: SD ( ) Delete
Name: MANLY, ROBERT
Address: 201 1ST STREET N.E.
City-St-Zip: FT. MEADE, FL 33841

Title: PCD ( ) Delete
Name: FEKETE, ALEX
Address: 1433 PALM DRIVE
City-St-Zip: LAUGHLIN, NV 89029

Title: TD ( ) Delete
Name: BLAKE, RICHARD
Address: 916 BRUNSWICK KANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ALEX FEKETE PCD 03/27/2009

Electronic Signature of Signing Officer or Director — Date