

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 047 ***150.00

DOCUMENT # P02000101969 1. Entity Name MILTON INTERNATIONAL, INC.			
Principal Place of Business 2100 S ORLANDO AVENUE COCOA BEACH, FL 32931		Mailing Address 2100 S ORLANDO AVENUE COCOA BEACH, FL 32931	
2. Principal Place of Business 8101 Astronaut Blvd Suite, Apt. #, etc.		3. Mailing Address 8101 Astronaut Blvd Suite, Apt. #, etc.	
City & State Cape Canaveral, FL Zip 32920 Country		City & State Cape Canaveral, FL Zip 32920 Country	
4. FEI Number 01-0782742		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAUDDIN, MOHAMMAD 2100 S ORLANDO AVENUE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAUDDIN, MOHAMMAD 2100 S ORLANDO AVENUE COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAUDDIN, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8101 Astronaut Blvd Cape Canaveral, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>MD. ALAUDDIN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		0424-04 (321) 784 8185 <small>Date Daytime Phone #</small>	