2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# P07000000759

Entity Name: MILNE INVESTMENTS, INC.

Current Principal Place of Business:

127 LANDIS STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

127 LANDIS STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 06-1809933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILNE, GLENN J JR.
127 LANDIS STREET
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILNE, GLENN J JR.
Address: 127 LANDIS STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: 2VPD ( ) Delete
Name: PINNOLA, BARBARA B
Address: 1887 PROSPECT AVENUE
City-St-Zip: EAST MEADOW, NY 11554

Title: STD ( ) Delete
Name: MILNE, ROBERT S
Address: 6099 SABAL CREEK BOULEVARD
City-St-Zip: PORT ORANGE, FL 32128

Title: VPD ( ) Delete
Name: MILNE, JAMES C
Address: 1428 RICHEL DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: ASAT ( ) Delete
Name: PERRY, DONNA M
Address: 17 PINEWOOD LANE
City-St-Zip: WARREN, NJ 07059

Title: D ( ) Delete
Name: PERRY, DONNA M
Address: 17 PINEWOOD LANE
City-St-Zip: WARREN, NJ 07059

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN J MILNE JR PRES 06/29/2009

Electronic Signature of Signing Officer or Director — Date