

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19172

FILED
Feb 16, 2006
Secretary of State

Entity Name: MILESTONE AGRICULTURE, INC.

Current Principal Place of Business:

4707 OAK HILL ST.
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

4707 OAK HILL ST
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-2886383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMI, SHACHAR
4707 OAK HILL ST.
APOPKA, FL 32712 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: D () Delete
Name: CARMI, DAN
Address: 4707 OAK HILL STREET
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: FADELY, BRETT
Address: 1378 S RIDGE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CARMI, SHIRA
Address: 245 SPRINGSIDE RD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SPENCER-LAITT, MALCA
Address: 42 WATKINS ROAD
City-St-Zip: DALKYETH WA 6009 AUSTRALIA,

Title: D () Delete
Name: CARMI, JOHN P
Address: 4707 OAK HILL STREET
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: CARLAGE, FRED P
Address: 4707 OAK HILL ST
City-St-Zip: APOPKA, FL 32712

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: DAN CARMI

D

02/16/2006

Electronic Signature of Signing Officer or Director

Date