

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017250

Entity Name: MILESTONE GROUP, INC.

FILED
Sep 21, 2009
Secretary of State

Current Principal Place of Business:

4949 SW SAINT CREEK DR.
PALM CITY, FL 34990

New Principal Place of Business:

488 NE STILLWATER COVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

4949 SW SAINT CREEK DR.
PALM CITY, FL 34990

New Mailing Address:

488 NE STILLWATER COVE
PORT ST. LUCIE, FL 34983

FEI Number: 65-0735102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGAN GANTT, CPA
8220 SUNSET DR.
MIAMI, FL 33143 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAROLF, KAREN
Address: 4949 SW SAINT CREEK DR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MAROLF, KAREN DP
Address: 488 NE STILLWATER COVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: KAREN MAROLF

DP

09/21/2009

Electronic Signature of Signing Officer or Director

Date