2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090598

1. Entity Name

MILESTONE INVESTMENTS, INC.



Principal Place of Business

200 CONGRESS PARK DRIVE

SUITE 205 DELRAY BEACH, FL 33445 Mailing Address

200 CONGRESS PARK DRIVE SUITE 205

DELRAY BEACH, FL 33445

FILED Apr 28, 2008 08:00 AN Secretary of State



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0872107 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M 200 CONGRESS PARK DRIVE **SUITE 104** DELRAY BEACH, FL 33445

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| 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. | Signature, typed or printed name of registered agent and title if | applicable. (NOTE Registered / | Agent signaturi | e required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | P MANDOR, ROBERT 200 CONGRESS PARK DR STE 205 DELRAY BEACH, FL 33445 | | | | U00000924904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OTTO, JOSEPH 200 CONGRESS PARK DR STE 205 DELRAY BEACH, FL 33445 | | | | 95/20/08-80005-007 150.0 |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | S OTTO, JOSEPH 200 CONGRESS DR PARK STE 205 DELRAY BEACH, FL 33445 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | in 1 | THIS SPACE |
| TITLE NAME STREET ADORESS CITY-SI-ZIP | | | | | |
| TITLE | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #