


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 042 ***150.00

DOCUMENT # F06000007793	
1. Entity Name MILESTONE NETWORKS, INC.	

Principal Place of Business 88 INVERNESS CIRCLE EAST SUITE A212 ENGLEWOOD, CO 80112	Mailing Address 88 INVERNESS CIRCLE EAST SUITE A212 ENGLEWOOD, CO 80112
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2. Principal Place of Business - No P.O. Box # 88 Inverness Circle East	3. Mailing Address 88 Inverness Circle East
Suite, Apt. #, etc. Suite H107	Suite, Apt. #, etc. Suite H107
City & State Englewood CO	City & State Englewood CO
Zip 80112	Country ARAPAHOE
Zip 80112	Country ARAP.



01022008 Chg-P CR2E034 (12/06)

4. FEI Number 03-0458023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAVENDER, KYLE
873 WEST BAY DR STE 105
LARGO, FL 33770

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILEY, KEVIN		NAME	
STREET ADDRESS 88 INVERNESS CIRCLE EAST SUITE A212		STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD, CO 80112		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPPES, JOEL		NAME Kappes, Joel	
STREET ADDRESS 15744 E INDIAN BROOK CRICLE		STREET ADDRESS 16435 Stoneledge Dr.	
CITY-ST-ZIP PARKER, CO 80112		CITY-ST-ZIP Parker, CO 80134	
TITLE CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kappes Jodi		NAME	
STREET ADDRESS 15744 E. Indian Brook Circle		STREET ADDRESS	
CITY-ST-ZIP Parker, CO 80134		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Jodi L Kappes CFO 1/2/08*