


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90023 016 ***150.00

DOCUMENT # P06000122404 1. Entity Name MILE HI TRUCKING INC.					
Principal Place of Business 2842 COUNTRYBROOK DR 2842 C #H-23 PALM HARBOR, FL 34684			Mailing Address COUNTRYBROOK DR #H-23 PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # 1801 EASTLAKE RD		3. Mailing Address SAME			
Suite, Apt. #, etc. # 102		Suite, Apt. #, etc.			
City & State PALM HARBOR, FL		City & State		4. FEI Number 84-1490690	
Zip 34685		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANKOWSKI, DAREK 2842 COUNTRYBROOK DR #H-23 PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name DAREK JANKOWSKI Street Address (P.O. Box Number is Not Acceptable) 1801 EASTLAKE RD, # 102 City PALM HARBOR FL Zip Code 34685	
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. <div style="text-align: center;"> DAREK JANKOWSKI REG. AGENT </div> SIGNATURE _____ DATE 1/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, DAREK 2842 COUNTRYBROOK DR, #H-23 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 EASTLAKE RD #102 PALM HARBOR, FL 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAREK JANKOWSKI PRES. 1/22/08 303-960-7743 <small>Date Daytime Phone #</small>		

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