

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002607

FILED
Aug 11, 2006
Secretary of State

Entity Name: NETWORK SERVICES, INC.

Current Principal Place of Business:

810 HARDY STREET
HATTIESBURG, MS 39401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1725
HATTIESBURG, MS 394031725

New Mailing Address:

FEI Number: 64-0881634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SYKES, BOB J
3930 SPYGLASS HILL ROAD
SARASOTA, FL 34238 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: CEO () Delete
Name: REES, MARGARET M
Address: 292 ROGERS ROAD
City-St-Zip: HATTIESBURG, MS 39401

Title: D () Delete
Name: EATON, NELL C
Address: 300 OLD RIFLE RANGE ROAD
City-St-Zip: PETAL, MS 39465

Title: D () Delete
Name: MCDUFFIE, SYLVIA K
Address: P.O. BOX 308
City-St-Zip: MOSELLE, MS 39459

Title: D () Delete
Name: DAVID, IRMA M
Address: 881 MACEDONIA ROAD
City-St-Zip: PETAL, MS 39465

Title: P () Delete
Name: KARAN REES MCGEE,
Address: 290 ROGERS ROAD
City-St-Zip: HATTIESBURG, MS 39401

Title: S () Delete
Name: CARTER, LEKECIA A
Address: 174 NURSERY ROAD
City-St-Zip: LUMBERTON, MS 39455

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: D (X) Change () Addition
Name: DAVIS, IRMA M
Address: 881 MACEDONIA ROAD
City-St-Zip: PETAL, MS 39465

Title: () Change () Addition
Name:
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: KARAN REES MCGEE

P

08/11/2006

Electronic Signature of Signing Officer or Director

_____ Date