

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2008 08:00 AM**  
**Secretary of State**



DOCUMENT # P0000024021	
1. Entity Name NETWORK STRATEGIES, INC.	
Principal Place of Business 219 LA VALENCIA CIRCLE PANAMA CITY BEACH, FL 32413	Mailing Address PO BOX 7518 PANAMA CITY BEACH, FL 32413



08282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1820061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
WAGNER, MICHAEL R 219 LA VALENCIA CIRCLE PANAMA CITY BEACH, FL 32413	

**DO NOT WRITE IN THIS SPACE**

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: MICHAEL R. WAGNER, PRES. *Michael R. Wagner* 8/28/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, MICHAEL R 219 LA VALENCIA CIRCLE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WAGNER, LYNNE P 219 LA VALENCIA CIRCLE PANAMA CITY BEACH, FL 32413
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 09/04/08-80002-014 150.00

**DO NOT WRITE IN THIS SPACE**

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: Michael R. Wagner 8/28/2008 850-249-5522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #