


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000021859
 1. Entity Name
 NETWORK SUPPORT, INC.



Principal Place of Business 13342 SW 152ND STREET UNIT 2703 MIAMI, FL 33177	Mailing Address 13342 SW 152ND STREET UNIT 2703 MIAMI, FL 33177
--	--

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1085190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALAN, REGINALD J
 13342 SW 152ND STREET
 UNIT 2703
 MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

6. 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: Reginald Balan President DATE: 4/18/06

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000522330 05/03/06-80027-001 150.00
--	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BALAN, REGINALD J 13342 SW 152ND STREET, UNIT 2703 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Reginald Balan President DATE: 4/18/06 (305) 234-6175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR