

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088772

FILED
Mar 30, 2007
Secretary of State

Entity Name: NETWORK EDUCATION SYSTEMS CORP

Current Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 221
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5950 LAKEHURST DRIVE
SUITE 221
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3743023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHINDOLL, FLORALEE
4601 JUDY COURT
ORLANDO, FL 32839 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTIGLIATTI, ANTHONY B
Address: 6131 SAINT IVES BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: JACOME, CHARLES
Address: 5112 PARK CENTRAL DR. # 615
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTIGLIATTI, ANTHONY B
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change () Addition
Name: JACOME, CHARLES
Address: 2850 OCONELL DR.
City-St-Zip: KISSIMMEE, FL 34741

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: ANTHONY B. PORTIGLIATTI

PD

03/30/2007

Electronic Signature of Signing Officer or Director

_____ Date