

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088772

FILED  
Apr 29, 2008  
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: 8137 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JACOME, JUAN DAVID UTRERAS  
Address: JARDIN DEL VALLE-CALLE 2-6 # 2075  
City-St-Zip: QUITO, EC ECUADOR

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date