

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039404

FILED
Mar 31, 2005
Secretary of State

Entity Name: NETTING SOFTPHONE CONSULTING, CORP.

Current Principal Place of Business:

1290 WESTON ROAD, SUITE 310
SUITE 310
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1290 WESTON ROAD
SUITE 310
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-0093522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A.
1920 E. HALLANDALE
SUITE 806
HALLANDALE, FL 33009 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: MIER, TOMAS E
Address: 1290 WESTON ROAD, SUITE 310
City-St-Zip: WESTON, FL 33326 US

Title: VD () Delete
Name: PALMERO, JORGE
Address: 1290 WESTON ROAD, SUITE 310
City-St-Zip: WESTON, FL 33326 US

Title: TD () Delete
Name: RAMOS, JORGE R
Address: 1290 WESTON ROAD, SUITE 310
City-St-Zip: WESTON, FL 33326 US

Title: SD () Delete
Name: HINESLEY, TODD R
Address: 1290 WESTON ROAD, SUITE 310
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: THOMPSON, RICHARD
Address: 911 LAKEWOOD COURT
City-St-Zip: WESTON, FL 33326 US

Title: TD (X) Change () Addition
Name: HINESLEY, TODD
Address: 1290 WESTON ROAD, SUITE 310
City-St-Zip: WESTON, FL 33326 US

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 Section 119.07(3)(i), 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: TOMAS MIER

PD

03/31/2005

Electronic Signature of Signing Officer or Director

_____ Date