

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039404

FILED  
May 01, 2006  
Secretary of State

Entity Name: NETTING SOFTPHONE CONSULTING, CORP.

**Current Principal Place of Business:**

1565 N. PARK DR. SUITE 103 BUILDING E  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1565 N. PARK DR. SUITE 103 BUILDING E  
WESTON, FL 33326 US

**New Mailing Address:**

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

**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

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

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: THOMPSON, RICHARD  
Address: 911 LAKEWOOD COURT  
City-St-Zip: WESTON, FL 33326 US

Title: TD ( ) Delete  
Name: HINESLEY, TODD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 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: MIER, TOMAS, E

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date