

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90325 049 ***150.00

DOCUMENT # P05000061807



1. Entity Name
 NETFLEXION, INC.

Principal Place of Business: 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705
 Mailing Address: 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705

50010276



2. Principal Place of Business		3. Mailing Address		04052006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-2269270		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAUN, RYAN W.			NAME			
STREET ADDRESS	321 BELT AVE #102			STREET ADDRESS	4814 NW 44th AVE #103		
CITY-ST-ZIP	ST LOUIS, MO 63112			CITY-ST-ZIP	GAINESVILLE, FL 32608		
TITLE	D	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAUN, BONNIE A			NAME			
STREET ADDRESS	1163 SNELL ISLE BLVD NE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33704			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAUN, RONALD W			NAME			
STREET ADDRESS	1262 DR. MARTIN LUTHER KING JR. ST NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33705			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	BRAUN, ROBYN A		
STREET ADDRESS				STREET ADDRESS	1217 NW 55th STREET #17		
CITY-ST-ZIP				CITY-ST-ZIP	GAINESVILLE, FL 32605		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Ronald W. Braun* RONALD W. BRAUN 4/5/06 (727) 642-5102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #