


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000061807 1. Entity Name NETFLEXION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2269270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705

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IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, RYAN W 4814 NW 44TH AVE 103 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAUN, BONNIE A 1163 SNELL ISLE BLVD NE ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAUN, ROBYN A 1217 NW 55TH ST 17 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80045-025 150.00

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IN THIS SPACE**

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 2/7/07 (727) 642-5107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #