

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105934

**FILED**  
**Jan 21, 2006**  
**Secretary of State**

**Entity Name:** NETWORK SOLUTIONS PROFESSIONALS, INC.

**Current Principal Place of Business:**

13006 WHITNELL WAY  
RIVERDVIEW, FL 33569

**New Principal Place of Business:**

13006 WHITNELL WAY  
RIVERVIEW, FL 33569

**Current Mailing Address:**

13006 WHITNELL WAY  
RIVERDVIEW, FL 33569

**New Mailing Address:**

13006 WHITNELL WAY  
RIVERVIEW, FL 33569

FEI Number: 02-0598194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKALLID, MICHAEL C  
13006 WHITNELL WAY  
RIVERDVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

MCKALLIP, MICHAEL S  
13006 WHITNELL WAY  
RIVERVIEW, FL 33569 US

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: MICHAEL MCKALLIP

01/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKALLID, MICHAEL S  
Address: 13006 WHITNELL WAY  
City-St-Zip: RIVERDVIEW, FL 33569

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

Title: P (X) Change ( ) Addition  
Name: MCKALLIP, MICHAEL S  
Address: 13006 WHITNELL WAY  
City-St-Zip: RIVERVIEW, FL 33569

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: MICHAEL MCKALLIP

P

01/21/2006

Electronic Signature of Signing Officer or Director

Date