

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003047

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NETWORK SPECIALIST SERVICES, INC.

## Current Principal Place of Business:

101 CENTURY 21 DRIVE  
SUITE #208  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

13500 SUTTON PARK DR S  
STE 502  
JACKSONVILLE, FL 32224

## Current Mailing Address:

13941 KETCH COVE PLACE  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: 20-8174891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOWLES, JAMES R  
13941 KETCH COVE PLACE  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

MOWLES, CAROL J  
13941 KETCH COVE PLACE  
JACKSONVILLE, FL 32224 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: CAROL J MOWLES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOWLES, JAMES R  
Address: 13941 KETCH COVE PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete  
Name: MOWLES, CAROL J  
Address: 13941 KETCH COVE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOWLES, CAROL J  
Address: 13941 KETCH COVE PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change ( ) Addition  
Name: MOWLES, JAMES R  
Address: 13941 KETCH COVE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: CAROL J MOWLES

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date