
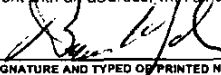


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90064 001 *1,500.00

DOCUMENT # P30211					
1. Entity Name NETWORK SHIPPING LTD., INC.					
Principal Place of Business 241 SEVILLA AVENUE CORAL GABLES, FL 33134		Mailing Address P.O. BOX 149222 ATTN: LEGAL DEPT. CORAL GABLES, FL 33144-9222			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0204942				Applied For <input type="checkbox"/> Not Applicable	
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		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABU-GHAZALEH, MOHAMMAD		NAME		
STREET ADDRESS	241 SEVILLA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EL-NAFFY, HANI		NAME		
STREET ADDRESS	241 SEVILLA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COTTINGHAM, DUDLEY		NAME		
STREET ADDRESS	CNTRY HSE 18, PAR-LE VILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	HAMILTON HX, BERMUDA, hm 1806		CITY-ST-ZIP		
TITLE	D/SV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANCILLA, ESTAY SERGIO		NAME		
STREET ADDRESS	241 SEVILLA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V/AS	<input type="checkbox"/> Delete	TITLE	V/AS/General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, BRUCE A		NAME	Jordan, Bruce A.	
STREET ADDRESS	241 SEVILLA AVENUE		STREET ADDRESS	241 Sevilla Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL Gables, FL 33134	
TITLE	DCFO	<input type="checkbox"/> Delete	TITLE	D/CFE/EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSERRA, JOHN F		NAME	INSerra, John F.	
STREET ADDRESS	241 SEVILLA AVENUE		STREET ADDRESS	241 Sevilla Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL Gables, FL 33134	
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 another like empowered.					
SIGNATURE: 		Bruce A. Jordan - Secretary		Date: 4/6/07 Daytime Phone #: 305-520-8400	

00000JJJ



ATTACHMENT
66008933

NETWORK SHIPPING LTD., INC.

**ATTACHMENT
TO
2007 FOR PROFIT CORPORATION ANNUAL REPORT
FLORIDA
DOCUMENT #P30211**

LIST OF ADDITIONAL DIRECTORS & OFFICERS

Legal Name (Last - First - Middle Initial)	Title(s)	Address	Change/Addition
Helmuth, Luty	V	241 Sevilla Avenue Coral Gables, FL 33134	Addition
Thompson, Peter M.	T	241 Sevilla Avenue Coral Gables, FL 33134	Addition
Vicente, Monica	V	241 Sevilla Avenue Coral Gables, FL 33134	Addition
Continental Management Limited, Resident Representative: S. Arthur Morris	AS		Addition