2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2008 8:00 am Secretary of State

Mailing Address P.O. Box P.	DOCUMENT # P30211 1. Entity Name NETWORK SHIPPING LTD., INC.					05-2	05-23-2008 90158 001 *1,650.00				
CORAL GASILES, FL 33134 ATTIN. LECAL DEPT. CORAL GASILES, FL 33134 ATTIN. LECAL DEPT. CORAL GASILES, FL 33134 ATTIN. LECAL DEPT. CORAL GASILES, FL 33134 Suite, Apr. 4, 460. City & State Gity &	Principal Place	e of Business	Mailing Address				· - -				
CORAL GABLES, FL 33144-9222 Principal Place of Business - No P.O. Box # 3. Mailing Address 04282008 Chg.P CR26034 (12/08) City & State City & State AFEI Number G50204842 Rev Applicable For G50204842 Rev Applicable Rev Applicable For	241 SEVILLA AVENUE P.O. BOX 149222										
Suite, Apt 4 acc. Suite Apt 4 acc. Suite				144-92	22	E IN NIIN DE 12 D FIIIÈ NOTIN	! 	SH SISII 31311 G	 21 21 21		
City & State Ci	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Second Status Desired Seco	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04282008 Ch	g-P	CR2E034	(12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named childy submits this statement for the purpose of changing its registered aligner. Or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both, in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both in the State of Florida. I am familiar with, and accent the chipptions of registered agent, or both in the State of Florida. I am familiar with, and accent the chipptions of registered agent, o	City & State	3	City & State			,				-	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 8. The above named entity submiss this attravment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Title	Zip	Zip Country Zip		Coun	5. Certificate of Status Desired						
Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent										
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 Signature Inject or printed name of registered agent and title / applicable. (NOTE Registered Agent signature required when ministering) Dute:	C T CORPORATION SYSTEM										
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature rec	uired when rainstating)		DATE			
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12 I have be easily that the information control with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statutes, I further certify that the information	PILEE! WOOKESS					سيسمدرأ ♦ 10 كا 100 كا الاستدارات	# 16N. F.O.	あわめ ハノバ	(MAA		
12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, had addited. Hother domination 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 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.	CITY-ST-ZIP				Y-ST-ZIP	miltonfill AX. Pr	rmy do				

2. Thereby determine information 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 anystee 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:

au Mg Bruce A. Jordan - S

4-30-08

305-520-8400

Daytime Phone #