


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State


DOCUMENT # P98000010049

1. Entity Name
NETCOMP COMMUNICATIONS GROUP, INC.



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|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Principal Place of Business 2003 W CYPRESS CREEK RD 107 FORT LAUDERDALE, FL 33309 | Mailing Address 2003 W CYPRESS CREEK RD 107 FORT LAUDERDALE, FL 33309 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 65-0809319 | 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

**OSBORNE, JOSEPH
 350 SE 13TH AVE
 POMPANO BEACH, FL 33060**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000260519
 03/12/05-80028-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD OSBORNE, JOSEPH A 350 SOUTHEAST 13TH AVENUE POMPANO BEACH, FL 33060 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3.10.05 954.7762903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #