


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 003 \*\*\*150.00

<b>DOCUMENT # P98000010049</b>	
1. Entity Name NETCOMP COMMUNICATIONS GROUP, INC.	

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
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60045798



2. Principal Place of Business - No P.O. Box # 1860 Old Okeechobee Rd Suite, Apt. #, etc. 510	3. Mailing Address 1860 Old Okeechobee Rd Suite, Apt. #, etc. 510
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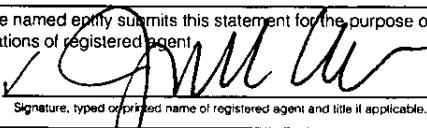
04042007 Chg-P CR2E034 (12/06)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33409	Zip 33409
Country Palm Beach	Country Palm Beach

4. FEI Number 65-0809319	Applied For Not Applicable
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6. Name and Address of Current Registered Agent OSBORNE, JOSEPH 350 SE 13TH AVE POMPANO BEACH, FL 33060	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name: Joseph A. Osborne Street Address (P.O. Box Number is Not Acceptable): 1860 Old Okeechobee Rd Ste 510 City: West Palm Beach FL Zip Code: 33409	
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: 4/17/07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OSBORNE, JOSEPH A 350 SOUTHEAST 13TH AVENUE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.	
SIGNATURE: 	DATE: 4.17.07 Daytime Phone: 561-202-8007