2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000870

Entity Name: NETIFICE COMMUNICATIONS INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
135 TECHNOLOGY BLVD SUITE 200 NORCROSS, GA 30092							
Current Mailing Address:				New Mailing Address:			
555 ANTON BLVD S SUITE 800 COSTA MESA, CA 92626				555 ANTON BLVD S SUITE 200 COSTA MESA, CA 92626			
FEI Number: 76-0448278 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name					me and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHILLING, STE	GY PKWY, STE 200		Title: Name: Address: City-St-Zip:	PCEO (X) CRAGG, JIM 555 ANTON BLV COSTA MESA, G	•	
Title: Name: Address: City-St-Zip:	VPF ()[MASTIN, J. BRO 555 ANTON BLV COSTA MESA, C	D STE 800		Title: Name: Address: City-St-Zip:	CFO (X) MILLEY, PAUL 5667 GIBRALTA PLEASANTON, (
Title: Name: Address: City-St-Zip:	CCEO () I YOUNG, CRAIG 555 ANTON BLV COSTA MESA, C			Title: Name: Address: City-St-Zip:	YOUNG, CRAIG 555 ANTON BLV	/D, STE 200	
Title: Name: Address: City-St-Zip:	SVPG ()[CHISHOLM, STE 555 ANTON BLVI COSTA MESA, C	VE D, STE 800		Title: Name: Address: City-St-Zip:	SVPG (X) CHISHOLM, STE 555 ANTON BLV COSTA MESA, O	/D, STE 200	
Title: Name: Address: City-St-Zip:	D () I BESTHOFF, SKII 152 W 57TH, 23I NEW YORK, NY	RD FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[CHISHOLM, PAU 61 CHAPEL ST NEWTON, MA 0			Title: Name: Address: City-St-Zip:	CHISHOLM, PAL	E DRIVE, SUITE 200 SOUTH	

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL MILLEY CFO 04/12/2007