2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007012

Entity Name: WACHTER NETWORK SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|--|
| 16001 WE: LENEXA, P | ST 99TH STRI KS 66219 | EET | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 16001 WE: LENEXA, P | ST 99TH STRI KS 66219 | EET | | | |
| FEI Number: | : 48-1238438 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 12277 SW | '-VICENTE, PH 55TH STREE' CITY, FL 3333 | Т | | | |
| | named entity s of Florida. | submits this statement for the p | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electron | ic Signature of Registered Age | nt | Date | |
| Election Can | npaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () BOTTERON, BI 16001 W. 99TH LENEXA, KS 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () SLOAN, GREGO 16001 W. 99TH LENEXA, KS 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () BOTTERON, BF 16001 W. 99TH LENEXA, KS 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST () SLOAN, GREGO 16001 W 99TH LENEXA, KS 6 | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () BOTTERON, M 1600 W 99TH S LENEXA, KS 6 | ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: BRAD W. BOTTERON P 04/30/2007