

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90044 030 \*\*\*150.00

DOCUMENT # F01000003409					
1. Entity Name GLOBAL NAPS NETWORKS, INC.					
Principal Place of Business 10 MERRYMOUNT ROAD QUINCY, MA 02169		Mailing Address 10 MERRYMOUNT ROAD QUINCY, MA 02169			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3404081	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01102006 Chg-P CR2E034 (11/05)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOMEZ, ADOLFO 100 SOUTH BISCAUNE BLVD., STE 470 MIAMI, FL 33131			Name James R.J. Schellema		
			Street Address (P.O. Box Number is Not Acceptable) 4475 Woodbine Rd		
			Suite 7		
			City Pace FL Zip Code 33571		
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 <i>James R.J. Schellema</i>		James R.J. Schellema		1/10/06	
Signature, typed or printed name of registered agent and title if applicable		-SM- (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANGI, FRANK T		NAME		
STREET ADDRESS	10 MERRYMOUNT ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02169		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANGI, RICHARD		NAME		
STREET ADDRESS	10 MERRYMOUNT ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02169		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORTURE, MICHAEL		NAME		
STREET ADDRESS	10 MERRYMOUNT ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUTURE, MICHAEL		NAME		
STREET ADDRESS	10 MERRYMOUNT ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 or other like empowered.					
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				677-507-500 Daytime Phone #	