

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 034 ***150.00

DOCUMENT # F01000004629

1. Entity Name
NETWOLVES TECHNOLOGIES CORPORATION



Principal Place of Business
**4805 INDEPENDENCE PARKWAY
STE 101
TAMPA, FL 33634**

Mailing Address
**4805 INDEPENDENCE PARKWAY
STE 101
TAMPA, FL 33634**

50005141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-P

CR2E034 (11/05)

4. FEI Number
11-3439392

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CTS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
CTS Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **Sherry Gale**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-02-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **GROTEKE, WALTER M**
STREET ADDRESS **1102 S. BAYSHORE BLVD.**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **TS** ☐ Delete
NAME **CASTLE, PETER C**
STREET ADDRESS **5313 ARCHSTONE DR. #204**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **V** ☐ Delete
NAME **GROTEKE, SR., WALTER R**
STREET ADDRESS **1213 ALAMEDA AVE.**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **D** ☐ Delete
NAME **LEVY, MYRON**
STREET ADDRESS **807 BENT CREEK AVE**
CITY-ST-ZIP **LITITZ, PA 17543**

TITLE **D** ☐ Delete
NAME **CAMPBELL, CARLOS**
STREET ADDRESS **11530 LINKS DRIVE**
CITY-ST-ZIP **RESTON, VA 201904821**

TITLE **D** ☐ Delete
NAME **GABREMARIAM, FASSIL**
STREET ADDRESS **4209 WEST PIAH STREET**
CITY-ST-ZIP **TAMPA, FL 33609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-06

Date

813-286-8644

Daytime Phone #