


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 049 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F01000004629</b>                              |  |
| 1. Entity Name<br><b>NETWOLVES TECHNOLOGIES CORPORATION</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4805 INDEPENDENCE PARKWAY<br/>STE 101<br/>TAMPA, FL 33634</b> | Mailing Address<br><b>4805 INDEPENDENCE PARKWAY<br/>STE 101<br/>TAMPA, FL 33634</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

**40048902**



03282007 Chg-P CR2E034 (12/06)

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>TCS CORPORATE SERVICES, INC.<br/>103 N. MERIDIAN STREET<br/>TALLAHASSEE, FL 32301</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *Richard Vanegas* DATE 03/28/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>GROTEKE, WALTER M<br>1102 S. BAYSHORE BLVD.<br>SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PC<br>SCOTT FOOTE<br>4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>CASTLE, PETER C<br>5313 ARCHSTONE DR. #204<br>TAMPA, FL 33634 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GROTEKE, SR., WALTER R<br>1213 ALAMEDA AVE.<br>CLEARWATER, FL 33759 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEVY, MYRON<br>807 BENT CREEK AVE<br>LITITZ, PA 17543 <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAMPBELL, CARLOS<br>11530 LINKS DRIVE<br>RESTON, VA 201904821 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MICHAEL R ROOPE<br>4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GABREMARIAM, FASSIL<br>4209 WEST P1AH STREET<br>TAMPA, FL 33609 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 4805 INDEPENDENCE PKWY SUITE 101<br>TAMPA, FL 33634 <input checked="" 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 another like empowered.

SIGNATURE: *[Signature]* DATE 03/28/07 (813) 2868644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR