
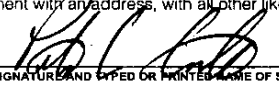


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90308 001 \*\*\*450.00

<b>DOCUMENT # F01000004629</b> 1. Entity Name <b>NETWOLVES TECHNOLOGIES CORPORATION</b>					
Principal Place of Business <b>4805 INDEPENDENCE PARKWAY STE 101 TAMPA, FL 33634</b>			Mailing Address <b>4805 INDEPENDENCE PARKWAY STE 101 TAMPA, FL 33634</b>		
2. Principal Place of Business - No P.O. Box # <b>4710 EISENHOWER BLVD</b>		3. Mailing Address <b>4710 EISENHOWER BLVD</b>			
Suite, Apt. #, etc. <b>SUITE F2</b>		Suite, Apt. #, etc. <b>SUITE F2</b>			
City & State <b>TAMPA - FL</b>		City & State <b>TAMPA - FL</b>			
Zip <b>33634</b>	Country <b>USA</b>	Zip <b>33634</b>	Country <b>USA</b>	4. FEI Number <b>11-3439392</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FOOTE, SCOTT 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTLE, PETER C 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTEKE, SR., WALTER R 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCQUE, MICHAEL R 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABREMARIAM, FASSIL 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE:</b> 			04/03/08 (813) 579 3201 <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					