

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 017 ***150.00

DOCUMENT # F02000005404 1. Entity Name NETCO GOVERNMENT SERVICES, INC.					
Principal Place of Business 950 Blue Gentian Rd Suite 100 Eagan, MN 55121			Mailing Address 950 Blue Gentian Rd Suite 100 Eagan, MN 55121		
2. Principal Place of Business Suite, Apt. #, etc. Suite 100 City & State Eagan Zip 55121		3. Mailing Address Suite, Apt. #, etc. Suite 100 City & State Eagan, MN 55121 Zip 55121		(F02000005404P) 01112006 <input type="checkbox"/> <input type="checkbox"/>	
Country USA		Country USA		4. FEI Number 41-1985546	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P HELLER, JOHN 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd, #100 Eagan, MN 55121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILLIAMS, KARL 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd, #100 Eagan, MN 55121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, LISA A 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd, #100 Eagan, MN 55121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MICHAEL 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd, #100 Eagan, MN 55121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIMM, KENNETH 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd, #100 Eagan, MN 55121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESSLER, LENARD 6100 WEST 110TH STREET BLOOMINGTON, MN 55438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Blue Gentian Rd Eagan, MN 55121		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: _____ Daytime Phone #: _____</small>					

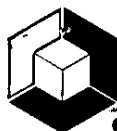
ATTACHMENT

40014660

ATTACHMENT

DIRECTORS AND OFFICERS

1. Brad Gold -- Director
950 Blue Gentian Road
Eagan, Minnesota 55121



Netco
GOVERNMENT SERVICES™
Transforming Expectations Into Results

950 Blue Gentian Road, Suite 100
Eagan, MN 55121

Telephone: 651-365-3000
Fax: 651.365.3001

www.netcogov.com

ATTACHMENT

40014660

February 10, 2006

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2006 Annual Report
Netco Government Services, Inc.

Dear Sir or Madam:

On behalf of Netco Government Services, Inc., I enclose its 2006 Annual Report, together with filing fees in amount of \$150.00.

Please direct your response or inquiry to me at:

Netco Government Services, Inc.
950 Blue Gentian Road
Suite 100
Eagan, Minnesota 55121.

I may be reached by telephone at (651) 365-8865, or by facsimile transmission at (651) 365-3002.

Thank you for your attention and courtesies in this matter.

Sincerely,

Shanna M. Salzman,
Associate Project Manager
Netco Government Services, Inc.