2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F03000004136

Entity Name: NETWORK CABLING INFRASTRUCTURES, INC.

Current Principal Place of Business:

2875 NORTH BERKELEY LAKE RD, NW,
STE 19
DULUTH, GA 30096

New Principal Place of Business:

3047 SUMMER OAK PLACE
BUFORD, GA 30518

Current Mailing Address:

PO BOX 2168
DULUTH, GA 30096

New Mailing Address:

PO BOX 1325
BUFORD, GA 30515

FEI Number: 58-2594407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: VALENTINE, WILLIAM F
Address: 2875 NORTH BERKELEY LAKE RD, NW, STE 19
City-St-Zip: DULUTH, GA 30096

Title: DVP ( ) Delete
Name: HOLCOMBE, STEVE C
Address: 2875 NORTH BERKELEY LAKE RD, NW, STE 19
City-St-Zip: DULUTH, GA 30096

Title: DS (X) Delete
Name: BOSTWICK, MONTY S
Address: 2875 NORTH BERKELEY LAKE RD, NW, STE 19
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: VALENTINE, WILLIAM F
Address: 3047 SUMMER OAK PLACE
City-St-Zip: BUFORD, GA 30518

Title: DVP (X) Change ( ) Addition
Name: HOLCOMBE, STEVE C
Address: 3047 SUMMER OAK PLACE
City-St-Zip: BUFORD, GA 30518

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA COPPEDGE CONT 01/14/2009

Electronic Signature of Signing Officer or Director — Date