

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004394

Entity Name: NETQOS, INC.

FILED  
Jan 10, 2007  
Secretary of State

## Current Principal Place of Business:

ATTN: ACCOUNTS PAYABLE  
5001 PLAZA ON THE LAKE DR. SUITE 200  
AUSTIN, TX 78746

## New Principal Place of Business:

## Current Mailing Address:

ATTN: ACCOUNTS PAYABLE  
5001 PLAZA ON THE LAKE DR. SUITE 200  
AUSTIN, TX 78746

## New Mailing Address:

FEI Number: 74-2916561

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: CEO ( ) Delete  
Name: TRAMMELL, JOEL  
Address: 3676 LOST CREEK BLVD.  
City-St-Zip: AUSTIN, TX 78735

Title: CTO ( ) Delete  
Name: FULTON, CATHY  
Address: 3676 LOST CREEK BLVD.  
City-St-Zip: AUSTIN, TX 78735

Title: VP ( ) Delete  
Name: TURNER, MICHAEL  
Address: 9104 DEER SHADOW PASS  
City-St-Zip: AUSTIN, TX 78733

Title: CFO ( ) Delete  
Name: PANTER, BRETT  
Address: 6205 RAIN CREEK PARKWAY  
City-St-Zip: AUSTIN, TX 78759

Title: D ( ) Delete  
Name: GREIG, TOM  
Address: 1370 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 100194602

Title: D ( ) Delete  
Name: STAKIAS, MIKE  
Address: 1370 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 100194602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: TURNER, MICHAEL  
Address: 9104 DEER SHADOW PASS  
City-St-Zip: AUSTIN, TX 78733

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT PANTER

CFO

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date