
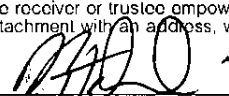


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90088 044 \*\*\*150.00

<b>DOCUMENT # F04000002486</b> 1. Entity Name <b>CETERUS NETWORKS, INC.</b>					
Principal Place of Business <b>402 W. BETHANY ALLEN TX 75013</b>			Mailing Address <b>402 W. BETHANY DR ALEEN TX 75013</b>		
2. Principal Place of Business - No P.O. Box # <b>2360 CAMPBELL CREEK</b>		3. Mailing Address <b>SALE</b>			
Suite, Apt. #, etc. <b>SUITE 550</b>		Suite, Apt. #, etc.			
City & State <b>RICHARDSON, TX</b>		City & State		4. FEI Number <b>75-2967521</b>	
Zip <b>75082</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP</b> <b>STEHLIN, DAVID</b> <b>402 W. BETHANY</b> <b>ALLEN TX 75013</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CP ST</b> <b>2360 CAMPBELL CREEK, SUITE 550</b> <b>RICHARDSON, TX 75082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHUELE, AL</b> <b>6801 N. CAPITAL OF TX HIGHWAY, BLDG 2</b> <b>AUSTIN TX 78731</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VAN DER MEER, ROLAND</b> <b>305 LYTON AVENUE</b> <b>PALO ALTO CO 94301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>GOODMAN, PATRICK</b> <b>402 W. BETHANY</b> <b>ALLEN TX 75013</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>GOODEN, PATRICK</b> <b>2360 CAMPBELL CREEK, SUITE 550</b> <b>RICHARDSON, TX 75082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>FLEMING, BRYAN</b> <b>402 W. BETHANY</b> <b>ALLEN TX 75013</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 Section 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: 			Date <b>4-10-07</b> Daytime Phone # <b>(469) 330-6200</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					