

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002607

FILED  
Aug 11, 2006  
Secretary of State

Entity Name: NETWORK SERVICES, INC.

## Current Principal Place of Business:

810 HARDY STREET  
HATTIESBURG, MS 39401

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1725  
HATTIESBURG, MS 394031725

## New Mailing Address:

FEI Number: 64-0881634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SYKES, BOB J  
3930 SPYGLASS HILL ROAD  
SARASOTA, FL 34238 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: REES, MARGARET M  
Address: 292 ROGERS ROAD  
City-St-Zip: HATTIESBURG, MS 39401

Title: D ( ) Delete  
Name: EATON, NELL C  
Address: 300 OLD RIFLE RANGE ROAD  
City-St-Zip: PETAL, MS 39465

Title: D ( ) Delete  
Name: MCDUFFIE, SYLVIA K  
Address: P.O. BOX 308  
City-St-Zip: MOSELLE, MS 39459

Title: D ( ) Delete  
Name: DAVID, IRMA M  
Address: 881 MACEDONIA ROAD  
City-St-Zip: PETAL, MS 39465

Title: P ( ) Delete  
Name: KARAN REES MCGEE,  
Address: 290 ROGERS ROAD  
City-St-Zip: HATTIESBURG, MS 39401

Title: S ( ) Delete  
Name: CARTER, LEKECIA A  
Address: 174 NURSERY ROAD  
City-St-Zip: LUMBERTON, MS 39455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: DAVIS, IRMA M  
Address: 881 MACEDONIA ROAD  
City-St-Zip: PETAL, MS 39465

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: KARAN REES MCGEE

P

08/11/2006

Electronic Signature of Signing Officer or Director

Date