2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002607

Entity Name: NETWORK SERVICES, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
810 HARDY STREET HATTIESBURG, MS 39401				810 HARDY STREET HATTIESBURG, MS 39401 US		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 1725 HATTIESBURG, MS 394031725				P.O. BOX 1725 HATTIESBURG, MS 394031725 US		
FEI Number: 64-0881634 FEI Number Applied For () FEI Num			FEI Num	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SYKES, BOB J 3930 SPYGLASS HILL ROAD SARASOTA, FL 34238 US						
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						
Title: Name: Address: City-St-Zip:	CEO () C REES, MARGAR 292 ROGERS RO HATTIESBURG, I	DAD		Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition MCGEE, KARAN R 290 ROGERS ROAD HATTIESBURG, MS 39401	
Title: Name: Address: City-St-Zip:	D () EATON, NELL C 300 OLD RIFLE I PETAL, MS 3946			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MCDUFFIE, SYL' P.O. BOX 308 MOSELLE, MS 3			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E DAVIS, IRMA M 881 MACEDONIA PETAL, MS 3946			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () E MCGEE, KARAN 290 ROGERS RO HATTIESBURG, I	DAD		Title: Name: Address: City-St-Zip:	D (X) Change () Addition REES, MARGARET J 292 ROGERS ROAD HATTIESBURG, MS 39401	
Title: Name: Address: City-St-Zip:	S () C CARTER, LEKEO 174 NURSERY R LUMBERTON, M	OAD		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KARAN REES MCGEE PRES 04/23/2008