

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005338

FILED
Jan 11, 2006
Secretary of State

Entity Name: TRUSTED NETWORK TECHNOLOGIES, INC.

Current Principal Place of Business:

3600 MANSELL ROAD, SUITE 200
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

3600 MANSELL ROAD, SUITE 200
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 11-3667212 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: CCEO () Delete
Name: GANT, STEPHEN
Address: 3600 MANSELL ROAD, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: SEITZ, TASHA
Address: 180 N. STETSON AVENUE, SUITE 4500
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: WALTERS, KEN
Address: 3650 BROOKSIDE PARKWAY, SUITE 300
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: MATHESON, JAMES
Address: 150 CAMBRIDGE PARK DR., 10TH FLOOR
City-St-Zip: CAMBRIDGE, MA 02140

Title: S () Delete
Name: KAHN, JOHN E
Address: 3600 MANSELL ROAD, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: WESTERLING, AUSTIN
Address: 1000 WINTER ST., SUITE 3300
City-St-Zip: WALTHAM, MA 02451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GANT, STEPHEN
Address: 3600 MANSELL ROAD, SUITE 200
City-St-Zip: ALPHARETTA, GA 30022

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

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

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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: JOHN KAHN

CFO

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date