

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # F06000005985

1. Entity Name
NETGAIN CORPORATION SECURITY SERVICES



Principal Place of Business
**920 VOLUNTEER LANDING LANE
SUITE 201
KNOXVILLE, TN 37915**

Mailing Address
**POST OFFICE BOX 3487
KNOXVILLE, TN 37927**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1791024

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, KATHY D
STREET ADDRESS	201 TIGITS PLACE
CITY- ST- ZIP	LOUDON, TN 37774
TITLE	V
NAME	HURST, VICKIE G
STREET ADDRESS	7337 CORNWALL ROAD
CITY- ST- ZIP	KNOXVILLE, TN 37931
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/02/08-80092-013.158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

K.D. Smith President/CEO

2/29/2008

865/546-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #