## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35302

Address:

City-St-Zip:

6353 W ROGERS CIR STE 4

BOCA RATON, FL 334872757

Entity Name: NETWORK ORANGE, INC.

FILED Jan 12, 2006 Secretary of State

| Littly Na                                   | IIIC. NETVO                               | RR ORANGE, INC.                |   |  |  |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business:        |   |                                | New Principal Place o                         | of Business:                                 |  |
| 6353 W ROGERS CIRCLE<br>SUITE 4             |   |                                |   |  |  |
|   | TON, FL 3348                              | 372757 US                      |   |  |  |
| Current N                                   | lailing Addre                             | ss:                            | New Mailing Address:                          |  |  |
| SUITE 4                                     | OGERS CIRC                                |                                |   |  |  |
|   | : 59-2098551                              | FEI Number Applied For ( )     | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of (                              | Current Registered Agent:      | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| 110 CLEV                                    | ANKS, LAWRE<br>ELAND AVEN<br>DD, FL 34785 |                                |   |  |  |
|   | named entity<br>e of Florida.             | submits this statement for the | purpose of changing its registered            | office or registered agent, or both,         |  |
| SIGNATUI                                    | RE:                                       |                                |   |  |  |
|   | Electro                                   | nic Signature of Registered A  | gent  | Date   |  |
| Election Ca                                 | mpaign Financin                           | g Trust Fund Contribution ( ). |   |  |  |
| OFFICER                                     | S AND DIREC                               | TORS:                          | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VISLOCKY, MI<br>6353 W ROGE               | ·                              | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition                       |  |
| Title:<br>Name:                             | V (<br>VISLOCKY, AF                       | ) Delete<br>RLENE              | Title: (<br>Name:                             | ) Change ( ) Addition                        |  |

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: ARLENE VISLOCKY VP 01/12/2006