
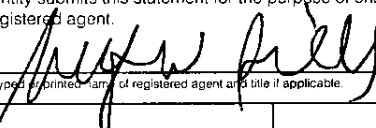
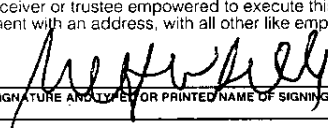


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90054 043 \*\*\*150.00

<b>DOCUMENT # F67882</b> 1. Entity Name <b>NETTY CORPORATION</b>					
Principal Place of Business <b>3311 OTTAWA LN COOPER CITY, FL 33026 US</b>				Mailing Address <b>3311 OTTAWA LN COOPER CITY, FL 33026 US</b>	
2. Principal Place of Business		3. Mailing Address <b>2130 NW 24 AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Gainesville FL</b>			
Zip	Country	Zip <b>32605</b>	Country <b>USA</b>	4. FEI Number <b>59-2250228</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EFRON, DAVID ESQ 2333 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>NETTY WAGNER-SILBER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2130 NW 24 Ave.</b> <b>Gainesville FL</b> City <b>FL</b> Zip Code <b>32605</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAGNER, NETTY 3311 OTTAWA LN COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAGNER, WILLIAM 3311 OTTAWA LN COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILBER, NETTY WAGNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2130 NW 24 AVE. GAINESVILLE, FL 32605			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Date: <b>3/14/05</b> Daytime Phone #:					