

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# F96000001838

Entity Name: TYNET CORPORATION

Current Principal Place of Business:

TAX ACCTG CP131
2210 WEST OAKLAWN DR
SPRINGDALE, AR 72762 US

Current Mailing Address:

TAX ACCTG CP131
PO BOX 2020
SPRINGDALE, AR 72765 US

FEI Number: 71-0773610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2210 WEST OAKLAWN DRIVE
CP131
SPRINGDALE, AR 72762 US

New Mailing Address:

PO BOX 2020
CP131
SPRINGDALE, AR 727652020 US

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: VP () Delete
Name: TATUM, LYNN
Address: 2210 WEST OAKLAWN DR
City-St-Zip: SPRINGDALE, AR 72762

Title: ST () Delete
Name: VAN BEBBER, DAVID L
Address: 2210 WEST OAKLAWN DR
City-St-Zip: SPRINGDALE, AR 72762

Title: D () Delete
Name: NAGEL, ROD
Address: 2210 WEST OAKLAWN DR
City-St-Zip: SPRINGDALE, AR 72762

Title: DP () Delete
Name: MIGUELON, WADE
Address: 2210 WEST OAKLAWN DR
City-St-Zip: SPRINGDALE, AR 72762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KIDD, LEE
Address: 2210 WEST OAKLAWN DRIVE
City-St-Zip: SPRINGDALE, AR 72762

Title: ST (X) Change () Addition
Name: VAN BEBBER, DAVID L
Address: 2210 WEST OAKLAWN DRIVE
City-St-Zip: SPRINGDALE, AR 72762

Title: D (X) Change () Addition
Name: NAGEL, ROD
Address: 2210 WEST OAKLAWN DRIVE
City-St-Zip: SPRINGDALE, AR 72762

Title: DP (X) Change () Addition
Name: MIGUELON, WADE
Address: 2210 WEST OAKLAWN DRIVE
City-St-Zip: SPRINGDALE, AR 72762

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: WADE MIQUELON

DP

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date