


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-18-2005 90052 001 \*\*\*300.00

<b>DOCUMENT # F97000001847</b>	
1. Entity Name <b>N.E.T. FEDERAL, INC.</b>	

Principal Place of Business <b>8300 BOONE BLVD., #600 VIENNA, VA 22182-2626</b>	Mailing Address <b>6900 PASEO PADRE PKWY FREMONT, CA 94555</b>
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**66024715**



2. Principal Place of Business <b>21660 Ridgetop Circle</b>	3. Mailing Address
Suite, Apt. #, etc. <b>#100</b>	Suite, Apt. #, etc.

07072005 Chg-P CR2E034 (10/03)

City & State <b>Dulles, VA</b>	City & State
Zip <b>20147</b>	Country <b>US</b>

4. FEI Number <b>54-1455392</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PRENTICE HALL CORPORATION SYSTEMS, INC. 1201 HAYS STREET #105 TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORBES, CRAIG W 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORBES, CRAIG W. 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATTY, JOHN C 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATTERY, FRANK 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VOGELSANG, RUTHEM 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALUSINE, DEBORAH 6900 PASEO PADRE PKWY VIENNA, VA 221822626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALUSINE, DEBORAH 21660 RIDGETOP CIRCLE, #100 DULLES, VA 20147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAU, GARY L 8300 BOONE BLVD VIENNA, VA 22182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAU, GARY L. 21660 RIDGETOP CIRCLE, #100 DULLES, VA 20147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GRATH, JOHN F., JR. 6900 PASEO PADRE PKWY FREMONT, CA 94555 <input type="checkbox"/> Change <input checked="" 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: Ruth M. Vogelsang **7/14/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Ruth M. Vogelsang, Asst. Secy. 510.574.4196**