


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006083 1. Entity Name NETWORK COMMUNICATIONS TECHNOLOGIES, INC.	
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Principal Place of Business 10817 SOUTHERN LOOP BLVD. PINEVILLE, NC 28134	Mailing Address P.O. BOX 411407 CHARLOTTE, NC 28241
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1811424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS 103 N. MERIDIAN ST., LOWER LEVEL TALLAHASSEE, FL 32301
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000279622 03/29/05-80004-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HART, JOHN W 10817 SOUTHERN LOOP BLVD. PINEVILLE, NC 28134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO O'KEEFE, JEFFREY J 10816 SOUTHERN LOOP BLVD. PINEVILLE, NC 28134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT STULL, SCOTT W 10817 SOUTHERN LOOP BLVD PINEVILLE, NC 28134
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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IN THIS SPACE**

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: <i>Scott W. Stull</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Scott W. Stull</i> Date	<i>3/24/05 (101) 588-3588</i> Daytime Phone #
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