

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90021 036 \*\*\*150.00

<b>DOCUMENT # F99000002744</b> 1. Entity Name <b>NETWOLVES ENTERPRISES, INC.</b>					
Principal Place of Business <b>4805 INDEPENDENCE PARKWAY STE 101 TAMPA, FL 33634</b>			Mailing Address <b>4805 INDEPENDENCE PARKWAY STE 101 TAMPA, FL 33634</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>11-2208052</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CTS CORPORATE SERVICES, INC. 1030 N MERIDIAN STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>TCS Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Sherry Gale</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>02-02-06</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GROTEKE, WALTER M <input type="checkbox"/> Delete 1102 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTEKE, WALTER R SR. <input type="checkbox"/> Delete 1213 ALMEDA AVENUE CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASTLE, PETER C <input type="checkbox"/> Delete 5313 ARCHSTONE DRIVE, APT. 204 TAMPA, FL 33634				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, MYRON <input type="checkbox"/> Delete 807 BENT CREEK DR LITITZ, PA 17543				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CARLOS <input type="checkbox"/> Delete 11530 LINKS DR RESTON, VA 201904821				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABREMARIANN, FASSIL <input type="checkbox"/> Delete 4209 WEST PLATT ST TAMPA, FL 336089				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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 exemptions contained 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 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: <u>[Signature]</u> <b>03-10-06</b> <b>813-286-8644</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					