2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 19, 2007 08:00 Al Secretary of State **DOCUMENT # J92271** 1. Entity Name NETAM INDUSTRIES, INC. Principal Place of Business Mailing Address 2910 EAGLE LANE 2910 EAGLE LANE WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2844782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEEVES, RICHARD W DO NOT WRITE 2910 EAGLE LANE WEST PALM BEACH, FL 33409 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE STEEVES, RICHARD W. NAME STREET ADDRESS 2910 EAGLE LANE CITY-ST-ZIP WEST PALM BEACH, FL. 33409 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 apachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR