

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001282

Entity Name: 1NETMAIN.COM, LLC

FILED
Mar 27, 2006
Secretary of State

Current Principal Place of Business:

11535 SW 70TH COURT
OCALA, FL 34476

New Principal Place of Business:

6550 SW 51ST TERRACE
OCALA, FL 34474

Current Mailing Address:

11535 SW 70TH COURT
OCALA, FL 34476

New Mailing Address:

6550 SW 51ST TERRACE
OCALA, FL 34474

FEI Number: 59-3695049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMNES, JOEL T
11535 SW 70TH COURT
OCALA, FL 34476 US

Name and Address of New Registered Agent:

ROMNES, JOEL T
6550 SW 51ST TERRACE
OCALA, FL 34474 US

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:

03/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROMNES, JOEL T
Address: 11535 SW 70TH COURT
City-St-Zip: OCALA, FL 34476

Title: MGRM () Delete
Name: ROMNES, COLLEEN M
Address: 11535 SW 70TH COURT
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROMNES, JOEL T
Address: 6550 SW 51ST TERRACE
City-St-Zip: OCALA, FL 34474

Title: MGRM (X) Change () Addition
Name: ROMNES, COLLEEN M
Address: 6550 SW 51ST TERRACE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL T. ROMNES

MGRM

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date