

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004067

FILED
Jul 14, 2006
Secretary of State

Entity Name: ABIDE NETWORK INC.

Current Principal Place of Business:

1030 SW 86TH AVE.
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

1030 SW 86TH AVE.
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCORD, KEVIN
1030 SW 86TH AVE.
PEMBROKE PINES, FL 33025 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCORD, CHARLES E
Address: 5901 SW 37TH AVE
City-St-Zip: DANIA, FL 33302

Title: D () Delete
Name: MCCORD, KEVIN P
Address: 1030 SW 86TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: KLEPPE, THOMAS S
Address: 13773 NW 15TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: MCCORD, KENNETH A
Address: 262 RICHLAND AVE
City-St-Zip: SAN FRANCISCO, CA 94110

Title: D () Delete
Name: MCCORD, KENNY REV.
Address: 262 RICHLAND AVE
City-St-Zip: SAN FRANCISCO, CA 94110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCORD, CHARLES E
Address: 17701 NW 57TH AVE
City-St-Zip: OPA LOCKA, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN MCCORD

RA

07/14/2006

Electronic Signature of Signing Officer or Director

Date