# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2007**
**Secretary of State**

DOCUMENT# N05000004067

**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 ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: 17701 NW 57TH AVE
City-St-Zip: OPA LOCKA, FL 33055

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: ( ) 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:

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: CHARLES E. MCCORD PRES 01/30/2007

Electronic Signature of Signing Officer or Director — Date