2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# P00000025454

Entity Name: ACCURATE NETWORK SYSTEMS, INC.

Current Principal Place of Business:

8544 NORTH DALE MABRY HWY
TAMPA, FL 33614

New Principal Place of Business:

2529 W BUSCH BLVD
SUITE 700
TAMPA, FL 33618

Current Mailing Address:

8544 NORTH DALE MABRY HWY
TAMPA, FL 33614

New Mailing Address:

2529 W BUSCH BLVD
SUITE 700
TAMPA, FL 33618

FEI Number: 59-3631271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, TROY H
8544 NORTH DALE MABRY HWY
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

LUCAS, TROY H
2529 W BUSCH BLVD
SUITE 700
TAMPA, FL 33618 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: _____ 05/04/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUCAS, TROY H
Address: 14315 PROMONTORY POINT PL
City-St-Zip: TAMPA, FL 33625

Title: ST ( ) Delete
Name: HENSON, SHARON L
Address: 8544 NORTH DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LUCAS, TROY H
Address: 2529 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change ( ) Addition
Name: HENSON, SHARON L
Address: 2529 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33618

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HENSON ST 05/04/2006
Electronic Signature of Signing Officer or Director — Date