

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027716

Entity Name: TECHNET CAPITAL CORP.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

C/O WILLIAM R. PAUL
4104 STILLWATER TERRACE COVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM R. PAUL
4104 STILLWATER TERRACE COVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3634619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, WILLIAM R
C/O RUDEN MCCLOSKEY ET AL
401 E JACKSON ST STE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

PAUL, WILLIAM R
C/O MECHANIK NUCCIO ET AL.
305 SOUTH BOULEVARD
TAMPA, FL 33606 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAUL, WILLIAM R
Address: 4104 STILLWATER TERRACE COVE
City-St-Zip: TAMPA, FL 33618

Title: VD () Delete
Name: BERKMAN, MONROE E
Address: 3401 S BEACH DRIVE
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: GOLDFEDER, LOUIS B
Address: 919 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: COHEN, ROBERT
Address: 12414 STILLWATER TERRACE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: THORNBRUGH, J D
Address: 4959 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: PAUL, VICKI L
Address: 4104 STILLWATER TERRACE COVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BERKMAN, MONROE E
Address: 3401 S. BEACH DRIVE
City-St-Zip: TAMPA, FL 33629

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 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: WILLIAM R. PAUL

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date