

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90201 038 ***150.00

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DOCUMENT # P00000110618 1. Entity Name ILIANT NETWORK PARTNERS, INC.					
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 900 TAMPA, FL 33607			Mailing Address 4300 WEST CYPRESS STREET SUITE 900 TAMPA, FL 33607		
2. Principal Place of Business 11274 W. Hillsborough Ave Suite, Apt. #, etc.		3. Mailing Address 11274 W. Hillsborough Ave Suite, Apt. #, etc.		02212006 Chg-P CR2E034 (11/05)	
City & State Tampa, FL Zip 33635 Country USA		City & State Tampa, FL Zip 33635 Country USA		4. FEI Number 59-3684378 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SALAS, RICARDO A 4300 WEST CYPRESS STREET SUITE 900 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Deborah Zinkus Street Address (P.O. Box Number is Not Acceptable) 4803 George Rd. Suite 350 City Tampa, FL Zip Code 33634		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Deborah A Zinkus</u> DATE <u>2-22-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAS, RICARDO A <input type="checkbox"/> Delete 4300 WEST CYPRESS STREET SUITE 900 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Deborah Zinkus <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4803 George Rd, Suite 350 Tampa, FL 33634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKS, WAYNE <input checked="" type="checkbox"/> Delete 4300 W CYPRESS, STE. 900 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Cynthia B. Satterwhite <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11274 W. Hillsborough Ave Tampa, FL 33635	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ricardo Salas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11274 W. Hillsborough Ave Tampa, FL 33635	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Deborah A Zinkus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-22-06</u> Daytime Phone # <u>813-262-9361</u>		