
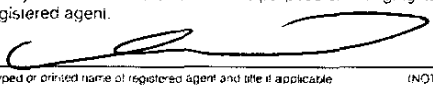



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90006 040 ***158.75

DOCUMENT # P01000039001 1. Entity Name NETWORK CONNECTION, INC.																																	
Principal Place of Business 16550 NW 10TH AVE MIAMI, FL 33169			Mailing Address 255 SW 198 TERRACE HOLLYWOOD, FL 33029																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
<div style="display: flex; justify-content: space-between;"> 05012007 Chg-P CR2E034 (12/06) <div style="text-align: right;"> 4. FEI Number 65-1093125 </div> </div>																																	
<div style="display: flex; justify-content: space-between;"> 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <div style="text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div> </div>																																	
6. Name and Address of Current Registered Agent JOSEPH, NOHA P 255 SW 198 TERRACE PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name ISSA ASAD Street Address (P.O. Box Number is Not Acceptable) 255 SW 198 Terrace City Pembroke Pines State FL Zip Code 33029																														
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  DATE 5/1/07 <small>(Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD JOSEPH, NOHA 255 SW 198 TERRACE HOLLYWOOD, FL 33029 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD ISSA ASAD 255 SW 198 Terrace Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOSEPH, NOHA 255 SW 198 TERRACE HOLLYWOOD, FL 33029 <input checked="" type="checkbox"/> Delete													TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ISSA ASAD 255 SW 198 Terrace Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	
<div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone</small> </div>																																	