2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P01000040885

Entity Name: NETWORKING TECHNOLOGY, INC.

Current Principal Place of Business:

2430 SHADOWLAWN DRIVE
SUITE 11
NAPLES, FL 341124801 US

New Principal Place of Business:

1850 SW HICKOCK TERRACE
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

560 LAVERS CIRCLE
APT. 247
DELRAY BEACH, FL 33444 US

New Mailing Address:

1850 SW HICKOCK TERRACE
PORT ST. LUCIE, FL 34953 US

FEI Number: 65-1108441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPHAEL, ANDREAS
560 LAVERS CIRCLE
APT. 247
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

RAPHAEL, ANDREAS
1850 SW HICKOCK TERRACE
PORT ST. LUCIE, FL 34953 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: ANDREAS RAPHAEL 04/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: RAPHAEL, ANDREAS
Address: 560 LAVERS CIRCLE, APT. 247
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: V (X) Delete
Name: BARBIERI, CLYDE A
Address: 963 LAKE WYMAN ROAD
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: RAPHAEL, ANDREAS
Address: 1850 SW HICKOCK TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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 Section 119.07(3)(i), 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: ANDREAS RAPHAEL P 04/15/2005
Electronic Signature of Signing Officer or Director Date