## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 08:00 AN Secretary of State

ANNOAL REPORT							Secretary of State			
DOCUMENT # P01000120179								Sec	retary of	State
NÉTWORK FINANCIAL GROUP, INC.										
NEIVAOR	KK FINAN	ICIAL GROOP, IN	iO.							
Principal Plac	e of Busines	s	Mailing	Address		<b>'</b>	1			
4001 N. PA	CE BLVD.	4001 N. PACE BLVD.								
PENSACOLA,	FL 32503	PENSACOLA, FL 32503								
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt #, etc.				01132006	Chg-P	CR2E034 (11/05)	
City & State			City & State				4. FEi Numb		<del></del>	oplied For or Applicable
Zip	Country		Zip	Zip Cour		itry		e of Status Desired	\$8.75 Add	titional
6. Name and Address of Current Re				egistered Agent Name			7. Name and Address of New Registered Agent			
MIKHCHI, MEHDI 4001 N. PACE BLVD.				Street Addre			(P.O. Box Numt	per is Not Acceptable	(	:
PENSACOLA, FL 32503						ļ				·
						City		<u></u>	FL Ze Ood	le
	named entit	y submits this statement tered agent.	for the purpo	se of changing its	register	ed office or registe	red agent, or be	oth, in the State of Flo	vida. Lam familia: :/ith,	and accept
SIGNATURE.	-									
SIGNATURE	Signature, typed	or printed name of registered ages	it and tille if appli	cable [NOT]	E Registere	d Agent signature requiré	d when reinstating)		DAE	,
				. Election Campa	ion Finar	ncina CE	.00 May Be	}		
		FEE IS \$150.00 6 Fee will be \$550		Trust Fund Cont			ded to Fees			
10.	-	OFFICERS AND	) D DIRECTOR	rs	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D Delete TIT								☐ Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·				NAM	-		U00000	0394626 -80018-009 15	
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CITY-ST-ZIP			.,		CITY	-ST-ZIP				<u> </u>
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TITLE				☐ Delete	nu	1			☐ Change	Addition
name Street address					NAMI	E ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
12. I hereby o	certify that the	e information supplied wi	h this filing i	does not qualify fo	r the exe	emptions containe	d in Chapter 11	9, Florida Statutes. 1	further certify that the in	nformation
indicated of the cor	on this repor poration or th	t or supplemental report ne receiver or trustee emp achment with an address	is true and a powered to e	ccurate and that nexecute this report	ny signat as requi	ture shall have the	same legal effe	ct as if made under o	eth, that I am an officer	or director
SIGNAT	IIRF:	11/1	m.	All war		-	1,14	76		
SIGIRAL	011L.Z	SIGNATURE AND TYPED OR	PRINTED NAME	OF SIGNING OFFICER	OR DIRECT	ror	111	Date	Daylime PI . ∪ ¥	<del></del>