## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # P02000003698** 05-16-2005 90198 040 \*\*\*158.75 NET TECH SOLUTIONS, INC. Principal Place of Business Mailing Address 14 RIPLEY WAY 14 RIPLEY WAY e horale BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address 296 Sunshine Drive 296 Sunshine Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 05122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-3599285 Coconut Creek Coconut Creek Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 33066 33<u>066</u> Fee Required us A US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael J Paim KUNSELMAN, MICHAEL J MR Street Address (P.O. Box Number is Not Acceptable) 4950 ARENA WAY 296 Sunshine Drive LAKE WORTH, FL 33463 Zio Code 33066 Coconut Creek 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 5-12-05 (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PΩ TITLE Delete TITLE ☐ Change ☐ Addition PAIM, MICHAEL J HAME NAME STREET ADDRESS 14 RIPLEY WAY STREET ADDRESS CITY ST - ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33426 ■ Addition ☐ Change TITLE Delete TITLE BRADLOW, TERRY W NAME NAME STREET ADDRESS 14 RIPLET WAY STREET ADDRESS BOYNTON BEACH, FL 33426 City-St-7P CITY-ST-ZIP Delete ΠΠE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as it 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.

an

NG OFFICER OR DIRECTOR

**FILED** 

May 16, 2005 8:00 am