2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P02000065225

Entity Name: PROFESSIONAL NETWORK AND ENGINEERING SOLUTIONS, INC.

Current Principal Place of Business:

5200 NW 43RD STREET
SUITE 102-123
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5200 NW 43RD STREET
SUITE 102-123
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 04-3683531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERINGER, ANDREA PT
5200 NW 43RD STREET
SUITE 102-123
GAINESVILLE, FL 32606

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	DERINGER, JONATHON D	
Address:	5200 NW 43RD STREET STE 102-123	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	CP	(X) Delete
Name:	WEST, DANIEL J	
Address:	1931 NW 47TH STREET	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	P	(X) Delete
Name:	WEST, PETER J MCP	
Address:	1931 NW 47TH STREET	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	SEC	(X) Delete
Name:	WEST, JON K DR	
Address:	1931 NW 47TH STREET	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	TRES	( ) Delete
Name:	DERINGER, ANDREA M PT	
Address:	5200 NW 43RD STREET STE 102-123	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	CP	( ) Delete
Name:	WEST, DONNA	
Address:	1931 NW 47TH STREET	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	DERINGER, JONATHON D	
Address:	5200 NW 43RD STREET STE 102-123	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: JONATHON DERINGER P 04/16/2004

Electronic Signature of Signing Officer or Director — Date