2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106019

Entity Name: NETSIRK TECHNOLOGIES INC.

FILED Mar 21, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

1775 LAKESHORE CIRCLE 10258 NW 46TH STREET WESTON, FL 33326 US SUNRISE, FL 33351 US

Current Mailing Address: New Mailing Address:

1775 LAKESHORE CIRCLE 10258 NW 46TH STREET WESTON, FL 33326 US SUNRISE, FL 33351 US

FEI Number: 76-0715185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAISON, KRISTEN A

1775 LAKESHORE CIRCLE

WESTON, FL 33326

US

FAISON, QUINCY S

10258 NW 46TH STREET

SUNRISE, FL 33351

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: QUINCY FAISON 03/21/2005

Electronic Signature of Registered Agent Date

Title:

PRFS

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete

 Name:
 FAISON, KRISTEN A
 Name:
 FAISON, QUINCY S

 Address:
 1775 LAKESHORE CIRCLE
 Address:
 10258 NW 46TH STREET

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 SUNRISE, FL 33351 US

Title: D () Delete Title: VP (X) Change () Addition
Name: FAISON, DOUGLAS R
Address: 2275 CHIPPEWA DRIVE

Title: VP (X) Change () Addition
Name: FAISON, DOUGLAS R
Address: 2275 CHIPPEWA DRIVE

Address: 2275 CHIPPEWA DRIVE Address: 2275 CHIPPEWA DRIVE City-St-Zip: RIVERDALE, FL 30296 US RIVERDALE, FL 30296 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 OVERTURF, JÁRAD M
 Name:

 Address:
 1927 CLEVELAND AVENUE
 Address:

 City-St-Zip:
 WEST LAWN, PA 19609
 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: QUINCY FAISON PRES 03/21/2005