



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 032 ***150.00

DOCUMENT # P03000020908 1. Entity Name NETSTAR-USA, CORP.					
Principal Place of Business 2212 E 4TH AVE TAMPA, FL 33605			Mailing Address 2212 E 4TH AVE TAMPA, FL 33605		
2. Principal Place of Business 14241 60th St N. Suite, Apt. #, etc.		3. Mailing Address 601 Jefferson Davis Hwy. Suite, Apt. #, etc. Suite 201			
City & State Clearwater, FL		City & State Fredericksburg, VA		4. FEI Number 51-0446221	
Zip 33760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGER, ROBERT L 2212 E 4TH AVE TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Drakeford & Drakeford, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 60th Street North City Clearwater FL Zip Code 33760			
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Drakeford & Drakeford, P.A. Registered Agent</i></u> 4-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNCAN, TOMMY 554 DUNCAN RD ROYSTON, GA 30662	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABRAM, WILLIAM 6760 JIMMY CARTER BLVD. NORCROSS, GA 30071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u><i>William Abram</i></u> 4-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					