2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039404

HINESLEY, TODD R

WESTON, FL 33326 US

1290 WESTON ROAD, SUITE 310

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Nar	ne: NETTING	SOFTPHONE CONSULTING,	CORP.		
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1565 N. PA WESTON,		E 103 BUILDING E US			
Current Mailing Address:			New Mailing Address:		
1565 N. PA WESTON,		E 103 BUILDING E US			
FEI Number:	20-0093522	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GLAZER AND ASSOCIATES, P.A. 1920 E. HALLANDALE SUITE 806 HALLANDALE, FL 33009 US			REGNUM GROUP, INC 7999 NW 53RD ST MIAMI, FL 33166 US		
	named entity see of Florida.	submits this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: MATTHEW SCHULMAN				04/26/2007	
	Electror	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MIER, TOMAS	ROAD, SUITE 310	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () THOMPSON, R 911 LAKEWOO WESTON, FL :	D COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HINESLEY, TO	ROAD, SUITE 310	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD (Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TOMAS MIER PD 04/26/2007