

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042519

Entity Name: AKA-NETWORK, INC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

1011 WHISPERING CYPRESSLN
ORLANDO, FL 32824

New Principal Place of Business:

8259 SW 107 AVE
APT. # D
MIAMI, FL 33173

Current Mailing Address:

1011 WHISPERING CYPRESSLN
ORLANDO, FL 32824

New Mailing Address:

8259 SW 107 AVE
APT. # D
MIAMI, FL 33173

FEI Number: 32-0086770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDARI, KARINA
1011 WHISPERING CYPRESSLN
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

ADDARI, KARINA
8259 SW 107 AVE
APT. # D
MIAMI, FL 33173 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:

05/22/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADDARI, KARINA
Address: 1011 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: ROJAS, ALISKAIR
Address: 1011 WHISPERING CYPRESS LN
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADDARI, KARINA
Address: 8259 SW 107 AVE
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: ROJAS, ALISKAIR
Address: 8259 SW 107 AVE
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KARINA ADDARI

P

05/22/2006

Electronic Signature of Signing Officer or Director

Date