

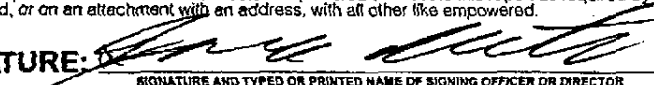


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000058616			
1. Entity Name S&R NETWORKS INC.			
Principal Place of Business 5825 S. ORANGE BLOSSOM ORLANDO, FL 32839	Mailing Address 2887 HAZEL GROVE LANE OVIEDO, FL 32766		
DO NOT WRITE IN THIS SPACE			
		03212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0198230	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
HUTCHESON, JEROME 2887 HAZEL GROVE LANE OVIEDO, FL 32766			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE UN0000586950 05/08/06-80113-024 150.00	
TITLE	D		
NAME	HUTCHESON, JEROME F		
STREET ADDRESS	14964 LYMINGTON CIRCLE		
CITY- ST- ZIP	ORLANDO, FL 32826		
TITLE	D		
NAME	GANZ, BETH A		
STREET ADDRESS	14964 LYMINGTON CIRCLE		
CITY- ST- ZIP	ORLANDO, FL 32826		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/15/06 407-810-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	