

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065853

Entity Name: OPEN NETWORKS, INC.

FILED  
Apr 29, 2007  
Secretary of State

**Current Principal Place of Business:**

724 SUNNY PINE WAY  
C2  
GREENACRES, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

724 SUNNY PINE WAY  
C2  
GREENACRES, FL 33415

**New Mailing Address:**

FEI Number: 14-1887011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OSSA, SANDRA L  
724 SUNNY PINE WAY  
C2  
GREENACRES, FL 33415 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSSA, SANDRA L  
Address: 724 SUNNY PINE WAY  
City-St-Zip: GREENACRES, FL 33415

Title: V ( ) Delete  
Name: CARDENAS, JUAN C  
Address: 724 SUNNY PINE WAY C2  
City-St-Zip: GREENACRES, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SANDRA LORENA OSSA

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date