## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P0300000 etworks, inc.				04-29-2005	-			
Principal Plac		Mailing Address			1				
206 LOCHBERRY PLACE 206 LOCHBERRY PLACE LONGWOOD, FL 32779 LONGWOOD, FL 32779									
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2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State		4. FEI Number 20-0718	118			pplied For of Applicable
Žip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curr	ent Registered Agent			7. Name and A	ddress of New R			
HARRIS, J	JOANN			Name					
206 LOCH	BERRY PLACE OD, FL 32779		Street Address	(P.O. Box Number	is Not Acceptable	e)			
	· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Cod	
	named entity submits this statement tions of registered agent.	nt for the purpose of changing i	ts register	ed office or registe	ered agent, or both,	in the State of Flo	orida, Tami	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Camp Trust Fund Co			.00 May Be ded to Fees				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55 OFFICERS A	ND DIRECTORS	ntribution.	□ Ad	ded to Fees	HANGES TO OFF	ICERS AND		
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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: CHAMM, Havis John M. Harri	5 4/26/6	5 (401)774-0941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Óaytime Phone €