


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 010 ***150.00

DOCUMENT # P03000082002 1. Entity Name NET SOLUTIONS GROUP, INC.						
Principal Place of Business 4160 3RD ST. N ST. PETERSBURG, FL 33703 US			Mailing Address 4160 3RD ST. N ST. PETERSBURG, FL 33703 US			
2. Principal Place of Business 3138 Bawfin Drive Suite, Apt. #, etc.		3. Mailing Address 3138 Bawfin Drive Suite, Apt. #, etc.				
City & State Land O Lakes, FL Zip 34639		City & State Land O Lakes, FL Zip 34639				
4. FEI Number 20-0109649				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 CARPER, NICHOLAS 4160 3RD ST. N ST. PETERSBURG, FL 33703			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 3138 Bawfin Drive City Land O Lakes FL Zip Code 33703			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLAS, CARPER 4160 3RD ST. N ST. PETERSBURG, FL 33703		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3138 Bawfin Drive Land O Lakes, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, MONICA 4160 3RD ST N SAINT PETERSBURG, FL 33703		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3138 Bawfin Drive Land O Lakes, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Nicholas Carper</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/14/05 813-846-7120 Date Daytime Phone #			