2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109814

1. Entity Name
NET SET, INC.

Principal Place of Business	Mailing Address
3129 TAMIAMI TRAIL BUILDING A PORT CHARLOTTE, FL 33952	3129 TAMIAMI TRAIL BUILDINGA PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0588208	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISER, MILAN M
3129 TAMIAMI TRAIL
BUILDINGA
PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE

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 _Milan Fiser President/Owner_ _____ _4/17/06_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

UD0000520296
05/02/06 00000 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISER, MILAN M
STREET ADDRESS	3129 TAMIAMI TRAIL BUILDING A
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	
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CITY-ST-ZIP	

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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: _Milan Fiser President_ _4/17/06_ _941-629-3398_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #