## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P04000012255** 04-16-2007 90054 040 \*\*\*150.00 NETWORK COMMUNICATION PROFESSIONALS. INC. Principal Place of Business Mailing Address 3708 W. EUCLID AVE. 3708 W. EUCLID AVE. SUITE 101 SUITE 101 TAMPA, FL 33629 TAMPA, FL 33629 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3145315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANA, LINDA DO NOT WRITE 1631 OPENFIELD LOOP BRANDON, FL, FL 33510 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DANA, LINDA NAME 1631 OPENFIELD LOOP STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CLTY-\$1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLTY+ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**