2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000006373 1. Entity Name 01-17-2006 90264 043 ***150.00 SEG NETWORKS, INC. Mailing Address Principal Place of Business 14080 WEST PARSLEY DR. 14080 WEST PARSLEY DR. MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Cha-P 4 EEI Number 202 465 917 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DMITRIYEV, STANISLAV 1318 FRANKLIN ST. CLEARWATER, FL 33756 West Parsley Dr. City MAdeira Beach FL 39908 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change Addition CHASSIN, GREGORY R NAME NAME STREET ADDRESS 14080 WEST PARSLEY DR. STREET ADDRESS CITY-ST-ZIP MADEIRA BEACH, FL 33708 CITY-ST-ZIP ☐ Change TIFLE M Detete TITLE ☐ Addition DMITRIYEV, STANISLAV N NAME NAME 1318 FRANKLIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 SEC Defete ☐ Change ☐ Addition DMITRIYEV, STANISLAV N NAME NAME 1318 FRANKLIN ST. STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-7/P CITY-ST-7tP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TATE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Jan 17, 2006 8:00 am