

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028292

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: SYSTEM NETWORK CONSULTANTS INC.

## Current Principal Place of Business:

2323 DEL PRADO BLVD  
PMB 157  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

2323 DEL PRADO BLVD  
PMB 157  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 04-3805484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWAN, LAWRENCE  
CALOOSEHATCHE TAX & FINANCIAL SERV. INC.  
1008 N.E. 7TH TERRACE, SUITE D  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

SWAN, LAWRENCE  
CALOOSEHATCHE TAX & FINANCIAL SERV. INC.  
709 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914 US

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.

SIGNATURE: LAWRENCE SWAN

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOLFE, CHRISTOPHER J  
Address: 2323 DEL PRADO PMB 157  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: WOLFE, JULIE  
Address: 2323 DEL PRADO PMB 157  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER WOLFE

D

03/06/2007

Electronic Signature of Signing Officer or Director

Date