2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000031985

Entity Name: NETWORK LIQUIDATORS, INC.

FILED Oct 10, 2006 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

4025 TAMPA ROAD 14400 CARLSON CIRCLE SUITE 1104 TAMPA, FL 33626 US

OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

4025 TAMPA ROAD #1104 14400 CARLSON CIRCLE OLDSMAR, FL 34677 US TAMPA, FL 33626 US

FEI Number: 59-3760415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEVLIN, BARRY L
4025 TAMPA ROAD #1104
OLDSMAR, FL 34677 US
SHEVLIN, BARRY L
14400 CARLSON CIRCLE
TAMPA, FL 33626 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: BARRY L. SHEVLIN 10/10/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SHEVLIN, BARRY L SHEVLIN, BARRY L

Address: 4025 TAMPA ROAD Address: 14400 CARLSON CIRCLE
City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: TAMPA, FL 33626 US

Title: DIR () Delete Title: CFO (X) Change () Addition
Name: FRITZ, JACQUELINE M Name: MCDONALD, MATT

Address: 4333 V/A NORTE

Address: 4212 VIA NORTE Address: 14400 CARLSON CIRCLE City-St-Zip: CYPRESS, CA 90630 US City-St-Zip: TAMPA, FL 33626 US

Title: () Delete Title: VP () Change (X) Addition Name: SERRA, JOE

 Address:
 Address:
 14400 CARLSON CIRCLE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33626 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 CALCATERRA, TOM

 Address:
 Address:
 14400 CARLSON CIRCLE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33626 US

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: MATT MCDONALD CFO 10/10/2006