

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031985

Entity Name: NETWORK LIQUIDATORS, INC.

FILED
Feb 19, 2007
Secretary of State

Current Principal Place of Business:

14400 CARLSON CIRCLE
TAMPA, FL 33626 US

Current Mailing Address:

14400 CARLSON CIRCLE
TAMPA, FL 33626 US

New Principal Place of Business:

4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677 US

New Mailing Address:

4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677 US

FEI Number: 59-3760415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEVLIN, BARRY L
14400 CARLSON CIRCLE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

SHEVLIN, BARRY L
4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677 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:

02/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEVLIN, BARRY L
Address: 14400 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626 US

Title: CFO () Delete
Name: MCDONALD, MATT
Address: 14400 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626 US

Title: VP (X) Delete
Name: SERRA, JOE
Address: 14400 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626 US

Title: VP (X) Delete
Name: CALCATERRA, TOM
Address: 14400 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SHEVLIN, BARRY L
Address: 4027 TAMPA ROAD SUITE 3000
City-St-Zip: OLDSMAR, FL 34677 US

Title: P (X) Change () Addition
Name: CALCATERRA, THOMAS M
Address: 4027 TAMPA ROAD SUITE 3000
City-St-Zip: OLDSMAR, FL 34677 US

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: THOMAS M CALCATERRA

P

02/19/2007

Electronic Signature of Signing Officer or Director

Date