2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067103

FILED Apr 25, 2007 Secretary of State

Entity Name: COM-ON-NET, INC. **Current Principal Place of Business: New Principal Place of Business:** 303 N. COPELAND AVE EVERGLADES CITY, FL 34139 EVERGLADES CITY, FL 34139 **Current Mailing Address: New Mailing Address:** PO BOX 369 EVERGLADES CITY, FL 34139 FEI Number: 20-2794948 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: WANDERON, THOMAS 809 WALKERBILT ROAD NAPLES, FL 34110 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition VALDES, CARLOS VALDES, CARLOS Name: Name: PO BOX 369 303 N. COPELAND AVE Address: Address: City-St-Zip: EVERGLADES CITY, FL 34139 City-St-Zip: EVERGLADES CITY, FL 34139 Title: VΡ Title: () Change () Addition () Delete

VALDES, DULCE Name: Name: PO BOX 369 Address: Address: EVERGLADES CITY, FL 34139 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: DULCE M. VALDES 04/25/2007