2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# P05000097118

Entity Name: AMF NETWORK SOLUTIONS, CORP.

Current Principal Place of Business:

115 LOCK ROAD
UNIT 7
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

6050 AMBERWOODS DR
BOCA RATON, FL 33433 US

Current Mailing Address:

1121 S. MILLITARY TR
288
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

1121 S. MILITARY TR
288
DEERFIELD BEACH, FL 33442 US

FEI Number: 20-3273721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE FARIAS, ALEXEI M
1121 S. MILLITARY TR
288
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

DE FARIAS, ALEXEI M
6050 AMBERWOODS DR
BOCA RATON, FL 33433 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: ALEXEI M DE FARIAS 02/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE FARIAS, ALEXEI M
Address: 115 LOCK ROAD UNIT 7
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VD ( ) Delete
Name: KAUFMAN, MARLENE
Address: 115 LOCK ROAD UNIT 7
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DE FARIAS, ALEXEI M
Address: 6050 AMBERWOODS DR
City-St-Zip: BOCA RATON, FL 33433 US

Title: VD (X) Change ( ) Addition
Name: FARIAS, WILTON
Address: 6050 AMBERWOODS DR
City-St-Zip: BOCA RATON, FL 33433 US

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.

SIGNATURE: ALEXEI M DE FARIAS PD 02/18/2008
Electronic Signature of Signing Officer or Director Date