

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135352

FILED
Jul 12, 2006
Secretary of State

Entity Name: IT NETWORK PROFESSIONALS INC.

Current Principal Place of Business:

1203 GRANDVIEW DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1203 GRANDVIEW DRIVE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-3675189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, JEFFREY
1203 GRANDVIEW DRIVE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

NICHOLS, JEFFREY N
1203 GRANDVIEW DRIVE
JACKSONVILLE, FL 32211 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: JEFFREY N NICHOLS

07/12/2006

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:

Title: DPS () Delete
Name: NICHOLS, JEFFREY
Address: 1203 GRANDVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: REED, JESSE
Address: 5449 GLORIANNE DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: RESSE, KEITH
Address: 1719 BLAIR RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RESSE, KEITH O
Address: 1719 BLAIR RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Change (X) Addition
Name: TAMMY, NICHOLS A SECRETA
Address: 1203 GRANDVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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: JEFFREY N NICHOLS

DPS

07/12/2006

Electronic Signature of Signing Officer or Director

Date