

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Jun 19, 2006 8:00 am
Secretary of State

04-27-2006 90219 002 ***150.00

DOCUMENT # P05000149136					
1. Entity Name CORE NETWORKS CORPORATION					
Principal Place of Business P. O. BOX 562 CAPE CANAVERAL, FL 32920			Mailing Address P. O. BOX 562 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3756239					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LANHAM, FRENCH C 595 N. COURTENAY PARKWAY SUITE 202 MERRITT ISLAND, FL 32953					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete LANHAM, FRENCH C P. O. BOX 562 CAPE CANAVERAL, FL 32920				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete JONES, GARY S P. O. BOX 427 MIMS, FL 32754				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 4-4-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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