2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAE REPORT										
DOCUMENT # P05000151926						FILED				
1. Entity Name NETWORK PROVIDERS, INC.								5 AM 9: 01		
Principal Place of Business Mailing Address							SECRETAR	SEE. FLORIC	Δ	
7950 NORTHWEST 155TH STREET 7950 NORTHWEST 155TH STF						٦	TALLAHASS	SEE, FLORIE		
STE. #204 STE. #204 MIAMI LAKES, FL 33016 TUS' — MIAMI L'AKES, FL 33016 TUS'										
Principal Place of Business 3. Mailing Address										
2. Principal Place of business 3. Mailing Address						\$ 8830 (800) (8	I BERTIN OTHE CENT EREN CUM	RI (NEZI UND) KANA (IIIN EDI	# #####	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08182006	Chg-P	CR2E034 (11/0	5)	
City & Stat	de .	City & State				4. FEI Numb		2	Applied For Not Applicable	
Zip	Country Zip Cou		Coun	try		5. Certificate	of Status Desired	□ \$8.75 / Fee Regu	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
HUGO FLORIDO, P.A.					Name					
7950 NORTHWEST 155TH STREET STE. #203				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI LAKES, FL 33016										
· ·				City				FL Zip C	ode	
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.										
SIGNATURESignature, typed or printed name of registered agent and title ill applicable . [INDTE: Registered Agent Lignature required when reinstating) OATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the prior notice.									o), F.S., the or notice.	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	XRS IN 11	
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12. Thereby 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 shell have the same slegal effect as if made under path, that I am an officer or directory and the control of the report of the rep										
of the corporation of the repeiver 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 addless, with all other like empowered.										
Changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EXCHANG OFFICER OR DIRECTOR Date Oppose Prome 6										
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR Date Office of Opping Provide 6										

9/5/2006-90022-028-\$150.00-\$150.00