## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000161772  1. Entity Name GTT NETCORP, INC.								FILED 06 AUG 24 AM 8: 47				
4806 BARNSTEAD DR.				Mailing Address P.O. BOX 260235 TAMPA, FL 33685-0235					DAUG 2 Y LURETARY LAHASSEI		•	1177) # 14 <b>0</b> k
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.				08222006	Chg-P	CR2E	034 (11/05)	
City & State			(	City & State				4. FEI Numb	er D FOR			oplied For ot Applicable
Zip	Country			Zip Co.		ry <b>5.</b> C		5. Certificate	e of Status Desire	a 🗆	\$8.75 Add	
	6. Name	and Address of Curre	Name			<i>N</i> 1	7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address JP.O. Box Number is Not Address JP.O. Box Numbe						
TALLAHASSEE, FL 32301							8436 SAWDY BEACH DR.					
						City	MAT	49		FL	Zip Cod	le ZU
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 Andrew B. Spiegel - General Gunsel  Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent alignature required whethered story)  DATE												
Amended AR is \$61.25  9. Election Campaign Financing \$5.1  Trust Fund Contribution.												
10.	р	OFFICERS AN	ID DIREC	TORS Delete	11.		D		/CHANGES TO C	FFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, JOSE ARMANDO PO BOX 260235				NAM STRE		1458	MY O. HABIBE Change BAddition PAZGRANELA, URG. SANTIAGO & GRACIA TUAN, PUERTO RICO 00921				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D GUEVARA 8436 SANI TAMPA, FI	DY BEACH DR.	<b>⊠</b> Delete			P0 B	ARD VALEUCIA BOX 260235 MPA FL 33685			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, MARIANGEL DY BEACH DR. _ 33634		Delete			1949/4	15 S PT	spiegel nning Whe LL 60821	el Rd. S	□ Change nik 126	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			D SAL 15 S	A OBAITE Eninning		d. Suite	□ Change 126	Addition
name Street address City-St-Zip				☐ Delete				·	10007: 29/0601:	9227	□ Change '7'33 **\$61	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							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 applications with all other like empowered.												
SIGNATURE: 305E ARMANDO GUEVARA 8/22 06 813-545-6108 SIGNATURE: Date Date Date Date												

208/25