

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164635

Entity Name: NETWORK SOLUTIONS, INC.

FILED  
May 29, 2009  
Secretary of State

## Current Principal Place of Business:

125A HYPOLUXO RD  
HYPOLUXO, FL 33462

## New Principal Place of Business:

723 SW ARUBA BAY  
PORT SAINT LUCIE, FL 34986

## Current Mailing Address:

125A HYPOLUXO RD  
HYPOLUXO, FL 33462

## New Mailing Address:

P.O. BOX 6440  
LAKE WORTH, FL 22466

FEI Number: 02-0759177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, WILLIAM  
125A HYPOLUXO RD  
HYPOLUXO, FL 33462 US

## Name and Address of New Registered Agent:

WHITE, WILLIAM  
723 SW ARUBA BAY  
PORT SAINT LUCIE, FL 34986 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: WILLIAM WHITE

05/29/2009

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: P ( ) Delete  
Name: WHITE, WILLIAM  
Address: 125A HYPOLUXO RD  
City-St-Zip: HYPOLUXO, FL 33462

Title: S ( ) Delete  
Name: WHITE, DANIEL  
Address: 125A HYPOLUXO RD  
City-St-Zip: HYPOLUXO, FL 33462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHITE, WILLIAM  
Address: 723 SW ARUBA BAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: WILLIAM WHITE

P

05/29/2009

Electronic Signature of Signing Officer or Director

Date