2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057415

FT MYERS, FL 33919

City-St-Zip:

Entity Name: CITY-NET OF SOUTH FLORIDA. INC

FILED Mar 21, 2007 Secretary of State

Entity Na	ine. On i-NET	OF GOOTH LONDA, II	1 0.					
Current Principal Place of Business:				New Principal Place of Business:				
	ENBRIAR DR S, FL 33919			SUITE E	THEW DR 3, FL 33907	7		
Current Mailing Address:				New Mailing Address:				
	ENBRIAR DR S, FL 33919			SUITE E	THEW DR 3, FL 33907	7		
FEI Number:	: 86-1166395	FEI Number Applied For () FEI Num	ber Not App	licable ()	Certific	ate of Status Desired (X)
Name and	Address of C	urrent Registered Agen	t:	Name and	Address	of New Reg	gistered Agent:	
	ÉNBRIAR DR	US						
	named entity s of Florida.	ubmits this statement for	the purpose of	changing	ts registere	d office or	registered agent, or	both,
SIGNATUR	RE:							
	Electroni	c Signature of Registered	d Agent				Date	
Election Car	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () COUTURE, CHR 5231 GREENBR FT MYERS, FL	IAR DR		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address:	VPD () LYNN, DUSTIN 5231 GREENBR	Delete IAR DR		Title: Name: Address:	VPD LYNN, DUS 316 SW 7T	(X) Change TIN H TERRACE	() Addition	

City-St-Zip: CAPE CORAL, FL 33991

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: DUSTIN LYNN VPD 03/21/2007