

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 12 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000132998</b> 1. Entity Name <b>STARPOINT NETWORKS, INC.</b>					
Principal Place of Business <b>5332 MAIN STREET NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5332 MAIN STREET NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box # <b>19313 U.S. Highway 41 No.</b>		3. Mailing Address <b>P.O. Box 2041</b>		<b>05/14/07 90087 025 \$150.00</b> 06042007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>22-3944869</b>	
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33548</b>	Country <b>US</b>	Zip <b>33548</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALLER, ROLAND D 5332 MAIN STREET NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name <b>Fred Meyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>19313 U.S. Highway 41 North</b> City <b>Lutz</b> <b>FL</b> <b>33548</b>	
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 <b>Fred Meyer</b> <b>June 4, 2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WALLER, ROLAND D 5332 MAIN STREET NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	Corey Meyer 19313 U.S. Highway 41 North Lutz, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Fred Meyer 19313 U.S. Highway 41 North Lutz, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE STD NAME STREET ADDRESS CITY - ST - ZIP	Kay Meyer 19313 U.S. Highway 41 North Lutz, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Corey Meyer, President</b> <b>6/4/07</b> <b>813-949-4777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					