

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075106

Entity Name: WCSNETWORK, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8297 SE PINE CIRCLE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

4748 SE DUVAL DRIVE
STUART, FL 34997 US

Current Mailing Address:

8297 SE PINE CIRCLE
HOBE SOUND, FL 33455 US

New Mailing Address:

4748 SE DUVAL DRIVE
STUART, FL 34997 US

FEI Number: 80-0238307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSSON, GUSTAVE E
8297 SE PINE CIRCLE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

JANSSON, GUSTAVE E
4748 SE DUVAL DRIVE
STUART, FL 34997 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SEXTON, JOHN
Address: 8297 SE PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: VP () Delete
Name: JANSSON, KATHLEEN J
Address: 8297 SE PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SEC () Delete
Name: JANSSON, KATHLEEN J
Address: 8297 SE PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: TREA () Delete
Name: SEXTON, JOHN
Address: 8297 SE PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JANSSON, KATHLEEN J
Address: 4748 SE DUVAL DRIVE
City-St-Zip: STUART, FL 34997 US

Title: VP (X) Change () Addition
Name: SEXTON, JOHN
Address: 4748 SE DUVAL DRIVE
City-St-Zip: STUART, FL 34997 US

Title: SEC (X) Change () Addition
Name: JANSSON, KATHLEEN J
Address: 4748 SE DUVAL DRIVE
City-St-Zip: STUART, FL 34997 US

Title: TREA (X) Change () Addition
Name: SEXTON, JOHN
Address: 4748 SE DUVAL DRIVE
City-St-Zip: STUART, FL 34997 US

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: KATHLEEN J. JANSSON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date