

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38133

FILED
Feb 25, 2005
Secretary of State

Entity Name: NETWORK PREMIUM FINANCE, INC.

Current Principal Place of Business:

2889 ELMWOOD DRIVE
SMYRNA, GA 30080

New Principal Place of Business:

Current Mailing Address:

2889 ELMWOOD DRIVE
SMYRNA, GA 30080

New Mailing Address:

FEI Number: 58-1891076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBISON, RICHARD L.
5250 S. U.S. HWY 17-92
CASSELBERRY, FL 327180895 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: DIAL, WILLIAM A., JR.,
Address: 910 SOUTH POWERS COURT
City-St-Zip: ATLANTA, GA

Title: VCV () Delete
Name: JOHNSTON, MARIANNE,
Address: 3966 FAIRINGTON DR.
City-St-Zip: MARIETTA, GA 30066

Title: T () Delete
Name: YERRAMILLI, JAIRAM
Address: 4730 NICKLAUS DRIVE
City-St-Zip: DULUTH, GA 30096

Title: DS () Delete
Name: TEFT, DONALD E
Address: 165 BRICKELBERRY DRIVE
City-St-Zip: ROSWELL, GA 30075

Title: V () Delete
Name: KLEIN, SHERRI
Address: 2947 CANTON CHASE DRIVE
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCV (X) Change () Addition
Name: JOHNSTON, MARIANNE,
Address: 215 OAKLEAF TRAIL
City-St-Zip: BALL GROUND, GA 30107

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAIRAM YERRAMILLI

T

02/25/2005

Electronic Signature of Signing Officer or Director

Date