

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000069964

1. Entity Name
AMERICAN NETWORK COMMERCIAL, INC.



Principal Place of Business
6499 N POWERLINE RD
301
FORT LAUDERDALE, FL 33309 US

Mailing Address
4875 N FEDERAL HWY 7TH FLOOR
FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0607852	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 N FEDERAL HWY 7TH FLOOR
FT LAUDERDALE, FL 33308

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

UD00000269073
03/18/05-80069-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME RENZULLI, EDWARD M
STREET ADDRESS 4875 N FEDERAL HWY 7TH FLOOR
CITY- ST-ZIP FT LAUDERDALE, FL 33308

TITLE D
NAME RENZULLI, EDWARD M
STREET ADDRESS 4875 N FEDERAL HWY 7TH FLOOR
CITY- ST-ZIP FT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENZULLI
2-8-05 85Y776-9300

Date

Daytime Phone #