



2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2005 90003 004 ***150.00
P96000006788

DOCUMENT # P96000006788 1. Entity Name NETWORK STAFFING, INC.				FILED 05 JUN 30 PM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5613 MARINELL DR ORLANDO, FL 32809 US		Mailing Address 5613 MARINELL DR ORLANDO, FL 32809 US			
2. Principal Place of Business 5613 MARINELL DR. Suite, Apt. #, etc.		3. Mailing Address 5613 MARINELL DR. Suite, Apt. #, etc.			
City & State Orlando, FLA. Zip 32809		City & State Orlando, FLA. Zip 32809			
Country USA		Country USA		4. FEI Number 59-3358394	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		5122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WEAVER, JOSEPH T. 5613 MARINELL DR ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name JOSEPH THOMAS WEAVER Street Address (P.O. Box Number is Not Acceptable) 5613 MARINELL DR. City ORLANDO FL 32809		
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 JOSEPH T. WEAVER 6/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEAVER, JOSEPH T. 5613 MARINELL DR ORLANDO, FL 32809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 exemption stated in Section 119.07(3)(l), 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: JOSEPH T. WEAVER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/17/05 407-852-0577 <small>Date Daytime Phone #</small>		