

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

05 JUN 30 PM 3:08

[Handwritten signature]
SECRETARY OF STATE
TALLAHASSEE, FLA.



DOCUMENT # P96000006788		
1. Entity Name NETWORK STAFFING, INC.		

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 Country USA

City & State
Orlando, FLA.
Zip 32809 Country USA

4. FEI Number
59-3358394

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEAVER, JOSEPH T 5613 MARINELL DR ORLANDO, FL 32809		Name <i>JOSEPH T. Weaver</i> Street Address (P.O. Box Number is Not Acceptable) 5613 MARINELL DR	
		City <i>Orlando</i>	Zip Code <i>FL 32809</i>

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*

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

(NOTE: Registered Agent signature required when remitting)

DATE *6/17/05*

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$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 <input type="checkbox"/> Delete WEAVER, JOSEPH T. 5613 MARINELL DR ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/05 407-852-0577

Date

Daytime Phone #