

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034675

FILED
Apr 25, 2008
Secretary of State

Entity Name: NETWORK ELECTRICAL SYSTEMS, INC.

Current Principal Place of Business:

835 C.R. 15
LAKE MONROE, FL 32747 US

New Principal Place of Business:

1958 DOLGNER PLACE
SANFORD, FL 32771 US

Current Mailing Address:

PO BOX 471314
LAKE MONROE, FL 32747 US

New Mailing Address:

FEI Number: 59-3442516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYNIHAN, MICHAEL D PRES.
5080 HAWKS HAMMOCK WAY
SANFORD, FL 32771 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: DP () Delete
Name: MOYNIHAN, MICHAEL D
Address: 5080 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771 US

Title: TR/S () Delete
Name: MOYNIHAN, SUZANNE
Address: 5080 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771 US

Title: VP (X) Delete
Name: MOYNIHAN, RYAN J
Address: 700 E. AIRPORT BLVD. UNIT F-1
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/TR (X) Change () Addition
Name: MOYNIHAN, MICHAEL D
Address: 5080 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771 US

Title: VP/S (X) Change () Addition
Name: MOYNIHAN, SUZANNE
Address: 5080 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771 US

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

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: SUZANNE L MOYNIHAN

VP/S

04/25/2008

Electronic Signature of Signing Officer or Director

Date