


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000087996
 1. Entity Name
 NETWORK MAKEUP SERVICES INC.



Principal Place of Business Mailing Address
 5336 KARLSBURG PLACE 5336 KARLSBURG PLACE
 PALM HARBOR, FL 34685 PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3470889	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
 WELCH, JODI M
 5336 KARLSBURG PLACE
 PALM HARBOR, FL 34685

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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: Jodi Welch DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JODI M 5336 KARLSBURG PLACE PALM HARBOR, FL 34685
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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)(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 an address, with all other like empowered.

SIGNATURE: Jodi Welch Date: 6/1/05 Daytime Phone #: 727 937 4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR