2006 FOR PROFIT CORPORATION
ANNUAL REPORT

ANNUAL REPORT FILED Jan 31, 2006 08:00 AN DOCUMENT # P98000007924 **Secretary of State** BACK OF THE NET, INC. Mailing Address Principal Place of Business 10907 NE 8 AVE 10907 NE 8 AVE NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 US CR2E034 (11/05) 01252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0807559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MORRIS, BRUCE E DO NOT WRITE 10907 NE 8 AVE NORTH MIAMI, FL 33161 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, typad or printed name of registered agent and title if applicable (NOTE Registered Agent algorithms required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing 1100000409472 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 02/08/05-80101-008 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MILE MORRIS, BRUCE E NAE 10907 NE 8 AVE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 TITLE MORRIS, ELIZABETH B NAME 10907 NE 8 AVE STREET ADDRESS NORTH MIAMI, FL 33161 CUTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 oally, 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:

NAME
STREET ADDRESS
CITY-ST-ZIP

RILE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

786-200-5686