

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043056

Entity Name: NETWEB SOFTWARE, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

474 N. AFTERGLOW CIRCLE  
CRYSTAL RIVER, FL 34429

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 697  
CRYSTAL RIVER, FL 34429

## New Mailing Address:

FEI Number: 59-3511717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUKLA, NITINKUMAR B  
474 N. AFTERGLOW CIRCLE  
CRYSTAL RIVER, FL 34429 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: SHUKLA, NITIN  
Address: 474 N. AFTERGLOW CIRCLE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DS ( ) Delete  
Name: SHUKLA, DIPTIBEN  
Address: 474 N. AFTERGLOW CIRCLE  
City-St-Zip: CRYSTAL RIVER, FL 34429

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DIPTI BEN SHUKLA

DS

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date