

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035627

Entity Name: NETPHILES INC

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

2512 BALSAM TERRACE
SUITE 200
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2512 BALSAM TERRACE
SUITE 200
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3571572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAQ, MAHMOOD
403 NORTH RIDE
TALLAHASSEE, FL 32303 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAHMOOD, HAQ
Address: 403 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPD () Delete
Name: MAHBOOB, AZHAR
Address: 403 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAHMOOD, HAQ
Address: 403 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VPD (X) Change () Addition
Name: MAHBOOB, AZHAR
Address: 403 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VPD () Change (X) Addition
Name: MAHMOOD, MAHWASH
Address: 403 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAHMOOD HAQ

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date