
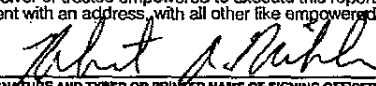


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000051801</b> 1. Entity Name LIGHTSPEED NETSOLUTIONS, INC.		
Principal Place of Business 6115 31ST STREET E SUITE 101 BRADENTON, FL 34203	Mailing Address 6115 31ST STREET E SUITE 101 BRADENTON, FL 34203	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PERSSE, JOHN W 1800 SECOND STREET SUITE 715 SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NICHOLSON, ROBERT A 6115 31ST STREET E, SUITE 101 BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSSE, JOHN W 1800 SECOND STREET, SUITE 715 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DOBLE, CHARLES J 6115 31ST STREET E, SUITE 101 BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/2/2006 94-955-5258 Date Daytime Phone #



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0941072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000426310  
02/20/06-80037-011 150.00

**DO NOT WRITE  
IN THIS SPACE**