

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003587

FILED
Jan 06, 2006
Secretary of State

Entity Name: NATIONAL COMNET SERVICES INCORPORATED

Current Principal Place of Business:

613 LYNNHAVEN PKWY., SUITE 110
VIRGINIA BEACH, VA 23452

New Principal Place of Business:

Current Mailing Address:

613 LYNNHAVEN PKWY., SUITE 110
VIRGINIA BEACH, VA 23452

New Mailing Address:

FEI Number: 54-1936610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITTINGTON, BRIAN
9271 LAZY LANE
TAMPA, FL 33614 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: CP () Delete
Name: HOPKINS, GARRY P
Address: 613 LYNNHAVEN PKWY., SUITE 110
City-St-Zip: VIRGINIA BEACH, VA 23452

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES () Change (X) Addition
Name: HOPKINS, PAMELA S
Address: 613 LYNNHAVEN PKWY., SUITE 110
City-St-Zip: VIRGINIA BEACH, VA 23452

I hereby certify that the information supplied with this filing does not qualify for the 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: GARRY P. HOPKINS

CP

01/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date