


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 12, 2006 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| DOCUMENT # J22192<br>1. Entity Name<br>PHASE ONE COMPUTING SERVICES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3200 N COURSE LANE<br>213<br>POMPANO BEACH, FL 33069 | Mailing Address<br>PO BOX 667137<br>POMPANO BEACH, FL 33066 |
|---|---|



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2690489                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CLONEY, CHRISTOPHER C ESQ  
315 S.E. 7TH ST.  
SUITE 200  
FORT LAUDERDALE, FL 33301

**DO NOT WRITE  
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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                      |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | P<br>SMITH, DARLENE H<br>3200 N COURSE LANE #213<br>POMPANO BEACH, FL 33069   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | VPS<br>SMITH, DAVID D<br>3200 N COURSE LANE #213<br>POMPANO BEACH, FL 33069   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | TREA<br>WOLFROM, JASON<br>3080 N COURSE DRIVE #402<br>POMPANO BEACH, FL 33069 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |

U00000383259  
01/12/06-80046-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]* VP Date 1/7/06 Daytime Phone # 954/957-7199