

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22192

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: PHASE ONE COMPUTING SERVICES, INC.

**Current Principal Place of Business:**

3200 N COURSE LANE  
213  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 667137  
POMPANO BEACH, FL 33066

**New Mailing Address:**

FEI Number: 59-2690489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLONEY, CHRISTOPHER C ESQ  
315 S.E. 7TH ST.  
SUITE 200  
FORT LAUDERDALE, FL 33301 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: P ( ) Delete  
Name: SMITH, DARLENE H  
Address: 3200 N COURSE LANE #213  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPS ( ) Delete  
Name: SMITH, DAVID D  
Address: 3200 N COURSE LANE #213  
City-St-Zip: POMPANO BEACH, FL 33069

Title: TREA ( ) Delete  
Name: WOLFROM, JASON  
Address: 3080 N COURSE DRIVE #402  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DARLENE H. SMITH

P

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date