

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90442 050 ***150.00

DOCUMENT # P04000057954
1. Entity Name
MARK-ONE COMPUTERS, INC.

DO NOT WRITE IN THIS SPACE

60031175

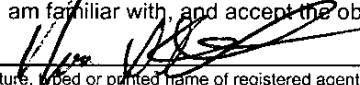
2. Principal Place of Business 8554 FOREST OAKS BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34606	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0942557		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name MARK D. GROSS	
		Street Address (P.O. Box Number is Not Acceptable) 8554 FOREST OAKS BLVD	
		City SPRING HILL	FL

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.

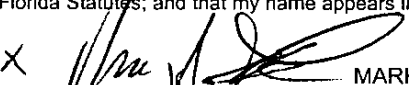
SIGNATURE  4-20-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p align="center">January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>Trust Fund Contribution.</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MARK D. GROSS 2376 HOLSTON AVENUE SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER SHERY ANN GROSS 2376 HOLSTON AVENUE SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  4-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(352) 684-3347