2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2007 8:00 am Secretary of State DOCUMENT # P06000110739 03-02-2007 90015 013 ***150.00 1. Entity Name STAC COMPUTERS, INC. Principal Place of Business Mailing Address 12321 ASTER AVE. 12321 ASTER AVE. BRADENTON, FL 34212 BRADENTON, FL 34212 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01082007 Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANNAR, SUSAN Street Address (P.O. Box Number is Not Acceptable) 12321 ASTER AVE. BRADENTON, FL 34212 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Р TITLE TITLE ☐ Change Addition Delete BANNAR, SUSAN NAME 12321 ASTER AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BANNAR, TODD NAME NAME STREET ADDRESS 12321 ASTER AVE. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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

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FILED