2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P96000041414

COMP-U-SAVE COMPUTERS, INC.



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

7229 STATE ROAD 52 HUDSON, FL 34667

Mailing Address

7229 STATE ROAD 52 HUDSON, FL 34667



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3509653

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROCKWELL, RODNEY R 8536 BRAXTON DR. HUDSON, FL 34667

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| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar | with, and accept |
|---|--|--|-------------------|--------------------------------|---|------------------|
| SIGNATURE_ | | | | | | |
| | Signature, typed or printed name of registered agent and site | if applicable (NOTE, Registered | i Ageni signaturi | required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | U00000884950 04/17/08-80064-007 | 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROCKWELL, RODNEY R 8536 BRAXTON DRIVE HUDSON, FL 34667 | | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | S ROCKWELL, RICKIE E 9239 BINNACLE DRIVE, APT. 4012 PORT RICHEY, FL 34668 | | | · | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |

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 an other rike empowered.

SIGNATURE:

TIFLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR