
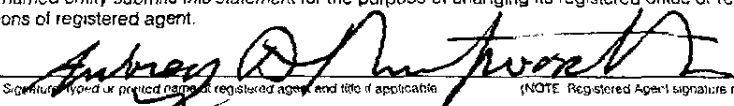


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|   |                          |                                 |  |   |   |
|---|--------------------------|---------------------------------|--|---|---|
| <b>DOCUMENT # 517896</b>  |                          |                                 |  |    |   |
| 1. Entity Name<br><b>COMPUTER STUDIOS, INC.</b>   |                          |                                 |  |   |   |
| Principal Place of Business<br><b>2637 STOREGATE DR<br/>TALLAHASSEE FL 32308</b>  |                          |                                 | Mailing Address<br><b>P.O. BOX 4009<br/>TALLAHASSEE FL 32315</b> |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                          |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                    |   |   |
| City & State  |                          |                                 | City & State   |   |   |
| Zip   | Country                  | Zip                             | Country  | 4. FEI Number<br><b>59-1715068</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WENTWORTH, AUBREY D<br/>2637 STONEGATE DRIVE<br/>TALLAHASSEE FL 32308</b>   |                          |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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  (NOTE: Registered Agent signature required when reinstalling) DATE  |                          |                                 |  |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State  |                          |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                      |   |
| 10. OFFICERS AND DIRECTORS  |                          |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE   | PD                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WENTWORTH, AUBREY D.     |                                 |  | NAME  |   |
| STREET ADDRESS  | 2637 STONEGATE DRIVE     |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   | TALLAHASSEE FL 32308     |                                 |  | CITY-ST-ZIP   |   |
| TITLE   | VD                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WENTWORTH, CHRISTOPHER D |                                 |  | NAME  |   |
| STREET ADDRESS  | 1439 GROVE AVE           |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   | CRETE NE 68333           |                                 |  | CITY-ST-ZIP   |   |
| TITLE   | SD                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WENTWORTH, A.D.          |                                 |  | NAME  |   |
| STREET ADDRESS  | 2637 STONE GATE DR.      |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   | TALLAHASSEE FL 32308     |                                 |  | CITY-ST-ZIP   |   |
| TITLE   | TD                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WENTWORTH, DEAN          |                                 |  | NAME  |   |
| STREET ADDRESS  | 2637 STONEGATE DR.       |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   | TALLAHASSEE FL 32308     |                                 |  | CITY-ST-ZIP   |   |
| TITLE   |                          | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |  | NAME  |   |
| STREET ADDRESS  |                          |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                          |                                 |  | CITY-ST-ZIP   |   |
| TITLE   |                          | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                          |                                 |  | NAME  |   |
| STREET ADDRESS  |                          |                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                          |                                 |  | CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Aubrey D. WENTWORTH 1/30/06 850 386 2344

