2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2007 08:00 AM Secretary of State

	ANNUAL			Co	, 200 / U8:00	
	MENT # 665027				Seci	retary of Sta
1. Entity Name AUTOMATED COMPUTER SYSTEMS, INC.						
-	ce of Business	Mailing Address				
2010 NW 94 MIAMI, FL 3		2010 NW 94 AVE MIAMI, FL 33172				
•			Table	01262007 N	o Chg-P C	R2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-198824	<u> </u>	Applied For Not Applicable
				5. Certificate of Sta		\$8.75 Additional
<u>at d 5 ,</u>	6. Name and Address of Current Re	gistered Agent				Fee Required
LEWIS, RI				DO N	OT WRI	TE
9130 SOU	RN CENTER, SUITE 1209 ITH DADELAND BLVD			Erran Land	IS SPA	· · · · · · · · · · · · · · · · · · ·
MIAMI, FL	. 33156		0,		IO OFA	
8. The above	named entity submits this statement for the	ne purpose of changing its registe	red office or register	ed agent, or both, in t	he State of Florida.	I am familiar with, and accept
	lions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	title il applicable. (NOTE; Register	ed Agent signature required	when reinstating)		ATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		00 May Be ad to Fees		
10.	OFFICERS AND DI	RECTORS	[3 C 4, 4 3			
TITLE						
NAME	PD LEWIS, DONALD					
NAME STREET ADDRESS CITY-SY-ZIP] · =					
STREET ADDRESS CATY-SY-ZIP TITLE	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD				1000000e25	580 P
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			000	14000000 14707-800	580 80-019 (50\00
STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA				/14/07+800	80-019-150-00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE				/14/07+800	80-019-150-00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			DO N	/14/07-800	90-019 (50 00 TE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			DO N	/14/07+800	90-019 (50 00 TE
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			DO NOTH	/14/07-800	90-019 (50 00 TE
STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			DO NOTH	/14/07-800	90-019 (50 00 TE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, DONALD 2010 NW 94 AVE MIAMI, FL 00000, SD LEWIS, BRENDA 2010 NW 94 AVE			DO NOTH	/14/07-800	90-019 (50 00 TE

12. Thereby 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 it 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: \

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Oate Dayline Phone #

GRENDA F. LEWIS