


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 036 ***150.00

DOCUMENT # F03000005262	
1. Entity Name INFINITE COMPUTER SOLUTIONS, INC.	

Principal Place of Business 20250 CENTURY BLVD SUITE 210 GERMANTOWN, MD 20874	Mailing Address 20250 CENTURY BLVD SUITE 210 GERMANTOWN, MD 20874
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50023713

2. Principal Place of Business 5 Choke Cherry Road	3. Mailing Address 5 Choke Cherry Road
Suite, Apt. #, etc. 320	Suite, Apt. #, etc. 320
City & State Rockville, MD	City & State Rockville, MD
Zip 20850	Country U.S.A.



07102006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0406223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303	
7. Name and Address of New Registered Agent Name Edwin F. Blanton Street Address (P.O. Box Number is Not Acceptable) 810 Thomasville Road City Tallahassee FL Zip Code 32303	

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 _____

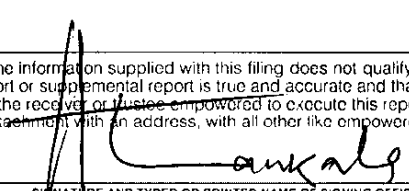
**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOVIL, SANJAY 20250 CENTURY BLVD GERMANTOWN, MD 20874 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Govil, Sanjay 5 Choke Cherry RD. Rockville, MD 20850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Finance & Corporate Ashoka Tankala 5 Choke Cherry RD. Rockville, MD 20850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2006
Date

301-745-1260
Daytime Phone #