


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F10107	
1. Entity Name DARN COMPUTER SERVICES, INC.	

Principal Place of Business 350 WOODED VALLEY LANE C/O DOROTHY G KUTCHERA BURNSVILLE, NC 28714	Mailing Address 350 WOODED VALLEY LANE C/O DOROTHY G KUTCHERA BURNSVILLE, NC 28714
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2047632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUTCHERA, NEIL J 500 NORTHWEST 104 AVENUE CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUTCHERA, ROBERT 350 WOODED VALLEY LANE BURNSVILLE, NC 28714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUTCHERA, DOROTHY G 350 WOODED VALLEY LANE BURNSVILLE, NC 28714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLINT, ALISA K 1198 GAUGE'S CREEK RD SPRUCE PINE, NC 28777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUTCHERA, NEIL 500 NORTHWEST 104 AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dorothy G. Kutchera</u> DOROTHY G. KUTCHERA	1/14/05 828/675-5148 Daytime Phone #
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