2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2006 08:00 AM Secretary of State DOCUMENT # F18962 COMPUTER ENERGY, INC. Principal Place of Business Mailing Address 8160 BAYMEADOWS WAY, W. 8160 BAYMEADOWS WAY, W. SUITE 120 SUITE 120 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US 01262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2059499 Not Applicable \$8.75. Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAWYER, J CHARLES DO NOT WRITE 8160 BAYMEADOWS WAY, W. **SUITE 120** IN THIS SPACE JACKSONVILLE, FL 32256 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 Signature, typed or primod name of registered agent and life if applicable. (NOTE: Flogistered Agent signature required when reinstating) DATE U00000444006 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/06/06-80034-010 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE SAWYER, J CHARLES NEW 8160 BAYMEADOWS WAY, W., SUITE 120 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE HUGHES, LAWRENCE R 8160 BAYMEADOWS WAY, W., SUITE 120 STREET ADDRESS. JACKSONVILLE, FL 32256 City-St-Zip 11375 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 if made under cath, 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 expowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

904-739-739=

Daytime Phone &

FILED