


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 020 ***150.00

DOCUMENT # F36713 1. Entity Name COMPUTERMAX, INC.	
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Principal Place of Business 3107 SAMMONDS RD., BLD. 2 P.O. BOX 1865 PLANT CITY, FL 33564 US	Mailing Address 3107 SAMMONDS RD., BLD. 2 P.O. BOX 1865 PLANT CITY, FL 33564 US
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04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2320618	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FALANY, CURTIS E 3107 SAMMONDS RD., BLD. 2 PLANT CITY, FL 33563
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**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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALANY, CURTIS 3107 SAMMONDS RD. BLD. 2 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALANY, JO ELLEN 3107 SAMMONDS RD. BLD. 2 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 04

Daytime Phone #

28-752-1900