## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F64834

EVANS, DON

628 ST ANDREWS DRIVE

SARASOTA, FL 34243

Name:

Address:

City-St-Zip:

Entity Name: ALLIED COMPUTER SYSTEMS, INC.

FILED Jan 03, 2005 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
7672 301 BLVD. SARASOTA, FL 34243			8251-15TH STREET EA: SUITE A SARASOTA, FL 34243		
Current M	lailing Addres	s:	New Mailing Address:		
7672 301 E SARASOT	BLVD. A, FL 34243		8251-15TH STREET EA: SUITE A SARASOTA, FL 34243	ST US	
FEI Number	: 59-2140979	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
BRADENT The above	ÍST EAST ON, FL 34208		ourpose of changing its registered o	office or registered agent, or both,	
SIGNATU	RE:				
		ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () GIGLIOTTI, FRA 3104 65TH ST E BRANDENTON,	EAST	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () EVANS, DON 628 ST ANDREN SARASOTA, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () EVANS, DON 628 ST ANDREN SARASOTA, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	S ()	Delete	Title: (	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DON EVANS S 01/03/2005