## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # F75978 COMPUTER ANALYSTS, INC. Principal Place of Business Mailing Address 8023 BELLAGIO LANE P.O. BOX 25 ZUMBROTA, MN 55992 BOYNTON BEACH, FL 33437 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2183692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent LEE, GARY A DO NOT WRITE 8023 BELLAGIO LANE BOYNTON BEACH, FL 33437 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 regulard when reinstatings) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 | 100000118947 | 04/19/04-80080-024 150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LEE, GARY A. MAME STREET ADDRESS **8023 BELLAGIO LANE** CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE MAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST DP TITLE NAME STREET ADDRESS CETY-SE ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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:

NAME STREET ADDRESS CITY-ST ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF

(507) 732-5566

FILED