

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F85409 1. Entity Name CONTEMPORARY COMPUTER SYSTEMS, INC.			
Principal Place of Business % NORMAN BLACK 5001 S UNIVERSITY DR., #G DAVIE, FL 33328		Mailing Address % NORMAN BLACK 5001 S UNIVERSITY DR., #G DAVIE, FL 33328	
DO NOT WRITE IN THIS SPACE		04202005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2203753	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, NORMAN 5001 S UNIVERSITY DR., SUITE G DAVIE, FL 33328		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000326507 04/23/05-80059-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACK, NORMAN 5001 S UNIVERSITY DR #G DAVIE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLACK, NATALIE 5001 S UNIVERSITY DR #G DAVIE, FL		
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			
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>NORMAN BLACK</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-05 984-680-1663 Date Daytime Phone #	