

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86220

FILED
Apr 19, 2005
Secretary of State

Entity Name: CQ COMPUTER COMMUNICATIONS, INC.

Current Principal Place of Business:

570 PEACHTREE PKWY
CUMMING, GA 301316820

New Principal Place of Business:

Current Mailing Address:

570 PEACHTREE PKWY
CUMMING, GA 301316820

New Mailing Address:

FEI Number: 59-2211187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: THOMAS, JOHN B.,
Address: 570 PEACHTREE PKWY
City-St-Zip: CUMMING, GA 301316820

Title: DC () Delete
Name: WATSON, MARY H.,
Address: 570 PEACHTREE PKWY
City-St-Zip: CUMMING, GA 301316820

Title: DS () Delete
Name: LINDSEY, ALAN W.,
Address: 570 PEACHTREE PKWY
City-St-Zip: CUMMING, GA 301316820

Title: DAS () Delete
Name: HANNA, STERLING E
Address: 4133 HENIARD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOHN B. THOMAS

DPT

04/19/2005

Electronic Signature of Signing Officer or Director

Date