2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F86220

1. Entity Name
CQ COMPUTER COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
570 PEACHTREE PKWY CUMMING, GA 30041-6820	570 PEACHTREE PKWY CUMMING, GA 30041-6820

DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2211187
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WATSON, MARY H
STREET ADDRESS	570 PEACHTREE PKWY
CITY-ST-ZIP	CUMMING, GA 301316820
TITLE	DC
NAME	WATSON, MARY H.
STREET ADDRESS	570 PEACHTREE PKWY
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	DS
NAME	REDSTROM, MARK C
STREET ADDRESS	570 PEACHTREE PKWY
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	DAS
NAME	HANNA, STERLING E
STREET ADDRESS	570 PEACHTREE PKWY
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80014-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary Watson 3/19/07 770-844-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #