


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90152 008 ***150.00

DOCUMENT # G72403	
1. Entity Name COMPUTERMATIONS CORP.	

Principal Place of Business % LEONARD ALAN SHUBITZ, C.P.A. 11428 S.W 109TH ROAD. MIAMI, FL 33176	Mailing Address % LEONARD ALAN SHUBITZ, C.P.A. 11428 S.W 109TH ROAD. MIAMI, FL 33176
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2. Principal Place of Business 13701 SW 88th Street	3. Mailing Address 13701 SW 88th Street
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Miami, FL 33186-1309	City & State Miami, FL 33186-1309
Zip 33186-1309	Country



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2361269		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHUBITZ, LEONARD ALAN, C.P.A. 11428 S.W 109TH ROAD. MIAMI, FL 33176		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13701 SW 88th Street Suite 300 City Miami, FL Zip Code 33186-1309		

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUBITZ, LEONARD ALAN 11428 S.W. 109 RD. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13701 SW 88th Street, Suite 300 Miami, FL 33186-1309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSENBLUM, HOWARD 11428 S.W. 109 ROAD. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13701 SW 88th Street, Ste., #300 Miami, FL 33186-1309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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: Leonard Alan Shubit C.P.A. / Pres. 4/27/06 (305) 596-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #