## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCÚMENT # H47913** 

Principal Place of Business

2831 RINGLING BLVD

SARASOTA, FL 34237

ADDRESS

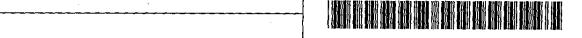
**NATURE:** 

1. Entity Name COMPUTER WHOLESALERS, INC.

Mailing Address PO BOX 3709

SARASOTA, FL 34230

Jan 13, 2006 08:00 AM Secretary of State



| DO NOT WRITE IN THIS SPACE   |   |              | ^=                                      | 01112006                    | 011112006 No Chg-P CR2E034 (11/05)    |                                     |                                   |  |
|--|---|--------------|---|-----------------------------|---------------------------------------|-------------------------------------|-----------------------------------|--|
|  |   |              | CE                                      | 4. FEI Number<br>58-1295353 |                                       |                                     | Applied For Not Applicable        |  |
|  |   |              | 200                                     | 5. Certificate              | of Status Desired                     |                                     | \$8.75 Additional<br>ree Required |  |
|  | 6. Name and Address of Current Regis  | stered Agent | Ţ - · · · · · · · · · · · · · · · · · · | <del></del>                 |                                       |                                     | - Se resquired                    |  |
| BRADT, MARK<br>775 LONGBOAT KEY RD.<br>UNIT 206  |   |              |   |                             | NOT W                                 |                                     |                                   |  |
| LONGBOAT KEY, FL 34228   |   |              | IN THIS SPACE                           |                             |                                       |                                     |                                   |  |
|  |   | į.           |   |                             |                                       | ر با مشا                            |                                   |  |
| 8. The above<br>the obligat  | e named entity submits this statement for the ptions of registered agent.  Signature, piped or privide name of registered agent and title |              | ed office or register                   |                             | · · · · · · · · · · · · · · · · · · · | DATE                                |                                   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution. |   |              |   | 00 May Be<br>ed to Fees     | 01/1                                  | <del>(200<u>9</u>03</del><br>8/06-8 | 05969<br>0040-002 150.0           |  |
| 10.  | OFFICERS AND DIREC  | CTOAS        | ř – – – – – – – – – – – – – – – – – – – | <del></del>                 | <del></del>                           |                                     |                                   |  |
| TILE  TREET ADDRESS  ITY-ST-ZIP  TLE  LME  REET ADDRESS  Y-ST-ZIP  LE  LE  EET ADDRESS  (-ST-ZIP                           | P<br>BRADT, MARK<br>775 LONGBOAT KEY RD.<br>LONGBOAT KEY, FL 34228  |              |   | DO                          | NOT W                                 | RITE                                |                                   |  |
| E<br>E<br>ET ADDRESS<br>-ST-ZIP  |   |              |   |                             | HIS SP                                |                                     |                                   |  |
| T ADDRESS<br>ST-ZIP  |   | · · · · · ·  |   |                             |                                       |                                     |                                   |  |

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 suppliemental 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 to the corporation of 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 hanged, or on an attachment with an address, with all other like appowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR