2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # J68075** 04-27-2005 90292 014 ***150.00 COMPLETE COMPUTER SUPPORT, INC. Principal Place of Business Mailing Address 7289 GARDEN RD 7289 GARDEN RD 108 108 WEST PALM BEACH, FL 33404 WEST PALM BEACH, FL 33404 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2809813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROTTER, NIGEL Street Address (P.O. Box Number is Not Acceptable) 7289 GARDEN RD **STE 108** WEST PALM BEACH, FL 33404 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. <u>DD</u> PD Addition Change TITLE ☐ Delete TITLE TROTTER, NIGGE 7632 PRESERVE COURT TROTTER, NIGEL NAME NAME STREET ADDRESS 4160 LAZY HAMMOCK RD. STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP PALM BEACH GARDENS, FL CITY-ST-ZIP TITLE ☐ Delete TITLE TROTTER, JENNY 7632 PRESERVE COVET WEST PALM BEACH FL 33412 NAME TROTTER, JENNY NAME STREET ADDRESS 4160 LAZY HAMMOCK ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL CITY-ST-7IP TITLE ☐ Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ■ Addition

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 pr 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> NIGEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR