2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J83780

FILED Oct 05, 2007 Secretary of State

Entity Name: TRIPLE C COMPUTER CONSULTANTS, INC.

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|---|---------------------------------|---|---|--|--|
| 216 MONTA NOKOMIS, | ANA AVE FL 34275 | US | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| P.O. BOX 5 NOKOMIS, | 515, N/A FL 34274 | US | | | | |
| El Number: | 59-2826045 | FEI Number Applied For () | FEI Number Not Appl | cable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| CAMPION, NORMAN J. 216 MONTANA, AVENUE NOKOMIS, FL 34275 US | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida. | | | | | | |
| SIGNATUR | RE: | | | | | |
| | Electro | nic Signature of Registered Age | nt | Date | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Fitle: Name: Address: City-St-Zip: | PT (CAMPION, NO 216 MONTANA NOKOMIS, FL | A AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Fitle: Name: Nddress: City-St-Zip: | VS (CAMPION, KA 216 MONTANA NOKOMIS, FL | AAVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Fitle: Name: Address: Dity-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | VP () Change (X) Addition MCGIRR, JAMES, 722 SURARWOOD WAY VENICE, FL 34292 | | |
| Fitle: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | VP () Change (X) Addition LITZLER, JEFFREY S., 1324 GUARDIAN DRIVE VENICE, FL 34292 | | |
| | | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORMAN J CAMPION PT 10/05/2007