

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K52713

FILED
May 01, 2006
Secretary of State

Entity Name: COMPUTER SCIENCE TECHNOLOGY, INC.

Current Principal Place of Business:

1020 SUNSHINE LN
#104
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

8151 EMERALD FOREST CT
SANFORD, FL 32771 US

Current Mailing Address:

1020 SUNSHINE LN
#104
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

8151 EMERALD FOREST CT
SANFORD, FL 32771 US

FEI Number: 65-0178878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MAUREEN L
1020 SUNBSHINE LN SUITE 104
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SMITH, MAUREEN L
8151 EMERALD FOREST CT
SANFORD, FL 32771 US

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.

SIGNATURE: MAUREEN L SMITH

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: SMITH, MAUREEN L.
Address: 716 PINE TERR CT
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: TS () Delete
Name: SMITH, ANDREW L
Address: 716 PINE TERRACE COURT
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VP (X) Delete
Name: SMITH, CYNTHIA
Address: 101 P CHLEY CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: SMITH, MAUREEN L.
Address: 8151 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771 US

Title: TS (X) Change () Addition
Name: SMITH, ANDREW L
Address: 8151 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN L SMITH

CPD

05/01/2006

Electronic Signature of Signing Officer or Director

Date