## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L12990

FILED Apr 19, 2007 Secretary of State

Entity Name: S L POWERS COMPUTER CONSULTANTS, INCORPORATED

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ECHOBEE RD LM BEACH, FL				
Current Mailing Address:			New Mailing Addres	ss:	
	ECHOBEE RD LM BEACH, FL				
FEI Number	: 59-3013166	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1110 NW ( WEST PA	, GEOFFREY OLIVE AVE LM BEACH, FL	_ 33401 US	nurnoso of changing its registers	nd office or registered agent, or both	
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	jent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SANCHEZ, ROI 2730 MEADOW		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HOCHMUTH, R 5600 N. FLAGL	) Delete OBERT .ER DR., #2510 EACH, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	HOCHMUTH, R 5600 N. FLAGL WEST PALM B TD () SANCHEZ, MAI 5020 FOXHALL	OBERT .ER DR., #2510 EACH, FL 33407 ) Delete DELINE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	HOCHMUTH, R 5600 N. FLAGL WEST PALM B TD () SANCHEZ, MAI 5020 FOXHALL WEST PALM B	OBERT LER DR., #2510 EACH, FL 33407  Delete DELINE L DR N EACH, FL 33417  Delete  DAIRE DR E	Name: Address: City-St-Zip: Title: Name: Address:		

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: MADELINE SANCHEZ TD 04/19/2007