2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20481

FILED Feb 27, 2006 Secretary of State

Entity Name: COMPUTER MANAGEMENT CONSULTANTS LIMITED, INC. **Current Principal Place of Business: New Principal Place of Business:** 6951 PISTOL RANGE RD 4300 W. CYPRESS STREET TAMPA, FL 33635 SUITE 900 TAMPA, FL 33607 **Current Mailing Address:** New Mailing Address: 6951 PISTOL RANGE RD 4300 W. CYPRESS STREET TAMPA, FL 33635 SUITE 900 TAMPA, FL 33607 US FEI Number: 59-2973570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STERN, RYAN 1111 BRICKELL AVENUE **SUITE 1100** MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SWANSON, STEVE CIUREJ, TOM Name: Name: 1111 BRICKELL AVENUE #1100 4300 W. CYPRESS STREET, SUITE 900 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: TAMPA, FL 33607 US

Title: TDS Title: TSD () Delete (X) Change () Addition

Name: SCHAER, ALFRED Name: BIRES KEN

816 CASTILE AVENUE 4300 W. CYPRESS STREET, SUITE 900 Address: Address:

CORAL GABLES, FL 33134 TAMPA, FL 33607 US City-St-Zip: City-St-Zip:

Title: Title: () Delete CD () Change (X) Addition

Name: SCHAER, ALFRED E Name:

4300 W. CYPRESS STREET, SUITE 900 Address Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33607 US

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: ALFRED E. SCHAER С 02/27/2006