


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L36878 1. Entity Name COMPUTER INSIDERS, INC. |  |
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| Principal Place of Business % SUZANNE MARCIL 23396 BOCA CHICA CIR BOCA RATON, FL 33433 | Mailing Address % SUZANNE MARCIL 23396 BOCA CHICA CIR BOCA RATON, FL 33433 |
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02172004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2989920 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARCIL, SUZANNE 23396 BOCA CHICA CIR BOCA RATON, FL 33433 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | US00000107667 04/09/04-80024-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MARCIL, SUZANNE 23396 BOCA CHICA CIR BOCA RATON, FL |
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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 or 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.

SIGNATURE: Suzanne Marcil **SUZANNE MARCIL** 3-1-04 561-338-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #