## 2005 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				May 04, 2005 08:00 AM Secretary of State		
DOCUMENT # L88781				Secretary of State		
	IME COMPUTERS, INC.				<u> </u>	
Principal Plac		Mailing Address				
P.O BOX 430 BIG PINE KE	0524 Y, FL 33043 US	P.O BOX 430524 BIG PINE KEY, FL 33043	us			
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	A STATE OF THE PARTY OF THE PAR					
Ď	O NOT WRITE	IN THIS SPA	CE	04272005 No Chg	J-P CR2E034 (10/03) Applied Fo	<del></del> -
47			マーマ 「本加Australian」(本名) 「	59-3030494	Not Applic	
	139 27 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Be to the control of		5. Certificate of Status De	ssired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	-  ·		<del></del>	
DOWDELL, THOMAS J., III			DO NOT	WRITE		
11300 OVEARSEAS HWY MARATHON, FL 33050				*		
	,		}	IN THIS	SPACE	
				<u> </u>		
8. The above the obligat	e named entity submits this statement for t tions of registered agent.	e purpose of changing its registe	red office or register	red agent, or both, in the Sta	te of Florida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Register	ed Agent signature required	d when reinstading)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution	ancing \$5	.00 May Be led to Fees		
10.	OFFICERS AND D	RECTORS		e shipeed to		,.
TITLE NAME	DP GUNDERSON, ROBERT H		<u> </u>	-		
STREET ADDRESS	848 CARIBBEAN DR. E		•	un	0000361360	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042 ST				705-80074-005 150.00	
NAME	GUNDERSON, ROBERT H	-		•	•	
STREET ADORESS CITY-ST-ZIP	848 CARIBBEAN DR. E SUMMERLAND KEY, FL 33042					
TITLE	GOWNERDAND RET, TE 00042	<u> </u>	=			
NAME						
STREET ADDRESS CITY-ST-ZIP			1	TON OO	WRITE	
TITLE			7	IN THIS	SPACE	
NAME STREET ADDRESS					, — — — — — — — — — — — — — — — — — — —	
CITY-ST-ZIP			<u>.</u> =		· · · · · · · · · · · · · · · · · · ·	
TITLE		· · · · · · · · · · · · · · · · · · ·	ŧ			
NAME STREET ADDRESS						
CITY+ST-ZIP						-
TITLE NAME					•	
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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: RH.C. D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR