

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90048 038 \*\*\*150.00

**DOCUMENT # M66411**

1. Entity Name  
**COMPUTER INNERWORKS, INC.**



Principal Place of Business  
**1109 OKEECHOBEE ROAD  
SUITE 11  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**1109 OKEECHOBEE ROAD  
SUITE 11  
WEST PALM BEACH, FL 33401 US**



2. Principal Place of Business - No P.O. Box #  
**5850 S. Military TR**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**#45**

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State  
**LAKE WORTH**

City & State

4. FEI Number  
**65-0133871**

Applied For  
Not Applicable

Zip  
**33463**

Country  
**PB**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BETRON, BRIAN  
1109 OKEECHOBEE ROAD  
SUITE 11  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name  
**BRIAN Betron**

Street Address (P.O. Box Number is Not Acceptable)  
**5850 S. Military TR #45**

City  
**LAKE WORTH**

FL Zip Code  
**33463**

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 **BRIAN Betron** **1-08-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
**BETRON, BRIAN  
1109 OKEECHOBEE ROAD, SUITE 11  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
**POOLE, CHUCK  
2415 GABRIEL LANE  
WEST PALM BEACH, FL 33406**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
**BRIAN Betron  
5850 S. Military TR #45  
LAKE WORTH - FL 33463**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **BRIAN Betron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/08/07** **561 543 5791**

Date Daytime Phone #