2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

ANNUAL REPORT				Secretary of S		
DOCUMENT # M74338 1. Entity Name COMPUTER SOLUTIONS OF CLEARWATER INC.						secretary of S
3094 OXBO	e of Business W COURT R, FL 33761-4029 US	Mailing Address 3094 OXBOW COURT CLEARWATER, FL 33761-402	9 US			
		,		03102008	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 59-287	1108	Applied For Not Applicable \$8.75 Additional
		•		5. Certificate	of Status Desired	Fee Required
6. Name and Address of Current Registered Agent PREMRU, DAVID 3094 OXBOW COURT CLEARWATER, FL 33761			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age.	for the purpose of changing its register the purpose of changing its register (NOTE Register	ed office or register ad Agent signature required		h, in the State of Flor	rida I am familiar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution			scing \$5.00 May Be Added to Fees		U00000883465	
10. III E NAME SIPEE I ADDRESS CITY - ST - ZIP III LE NAME	DP PREMRU, DAVID PRESIDE 3094 OXBOW COURT CLEARWATER, FL 33761 V PREMRU, TERESA M	D DIRECTORS			TV4717708	80004-025 15U:VV
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	3094 OXBOW CT CLEARWATER, FL 33761		-		NOT W	
NAME STREET ADDRESS CITY ST ZIP	V			IN 7	THIS SP	ACE

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

727-669-1537

Daytim