2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000007209

Entity Name: THE COMPUTER PROJECT, INC.

Current Principal Place of Business:

9913 MOORINGS DRIVE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

9913 MOORINGS DRIVE
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 04-3714697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANN, IRA
9913 MOORINGS DRIVE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: GRANN, IRA
Address: 9913 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TD ( ) Delete
Name: GRANN, JANE S
Address: 9913 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SD ( ) Delete
Name: GRANN, BETH D
Address: 1724 GERALDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 322205 US

Title: VD ( ) Delete
Name: GRANN, RENEE J
Address: 9913 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VD ( ) Delete
Name: EXLINE, RICHARD
Address: 1724 GERALDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: GRANN, RENEE J
Address: 10275 OLD ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA GRANN CD 04/28/2005

Electronic Signature of Signing Officer or Director — Date