

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2008
Secretary of State**

DOCUMENT# N03000004872

Entity Name: FAST COMPUTER SERVICES, INC.

Current Principal Place of Business:

2750 W. OAKLAND PK BLVD
SUITE 10-G
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

9 NW 42ND TERRACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 45-0533550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIMA, ELITHENE
9 NW 42ND TERRACE
PLAN TATION, FL 33317 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: DP () Delete
Name: LOUIMA, ELITHENE
Address: 9 NW 42 TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: DV () Delete
Name: MORTIMER, ALTHA
Address: 355 W BLUE HERON BLVD., #2
City-St-Zip: RIVIERA BEACH, FL 33340

Title: DS () Delete
Name: JOSEPH, PHEDA
Address: 355 W BLUE HERON BLVD., #2
City-St-Zip: RIVIERA BEACH, FL 33340

Title: DT () Delete
Name: SAINTIL, CARIDA
Address: 4848 NW 24 COURT, 206
City-St-Zip: LAUDERDALE LAKES, FL 33313

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELITHENE LOUIMA

DP

03/16/2008

Electronic Signature of Signing Officer or Director

Date