2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # N35933 1. Entity Name MANATEE PERSONAL COMPUTER USERS GROUP, INC.						02-11-20	•	O1 St 035 ****6	
4835 27TH SUITE 135	ce of Business STREET W. LFD 34207 US U Center Bayshor	Mailing Address 5726 CORTEZ RD W. STE 286 BRADENTON, FL 34210 US		: . 			120 AIBN OIBN 91	1/1/ 1 /1 1 /1 1/1 /1	
604	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Bradenton Fi		Suite, Apt. #, etc.			01072008	Chg-NP	CR2E	037 (12/06)	
City & Star		City & State			4. FEI Number 59-29218	366			oplied For ot Applicable
347		Zip	Country		5. Certificate of	Status Desire	d 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	egistered Agent			7. Name and A	ddress of Nev	w Registered	Agent	
BOZZETTI, MARY ANN 1116 64TH ST. N.W BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FI	Zip Cod	e ·
8. The above the obligat	named entity submits this statement for the titions of registered agent.	he purpose of changing its r	egistered office of	or registere	ed agent, or both,	in the State of	Florida. I an	familiar with,	and accept
SIGNATURE MARY AND BOZZ ett. Many Signature, typed or phrited name of registered agent and title if applicable. (NOTE: Registered Agent signature/equired when reinstating) DATE									
	Signature, typed or printed name of registered agent end	I title if applicable. (NOTE:	Registered Agent signa	ture (equired	when reinstating)	0	DATE	3/2	<u>u</u>
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F		ck payable t	4
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12. I hereby 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 617, 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 tike empowered.

SIGNATURE: Many Con Booth	MARY Ann Borretti	2151	108 792-73	120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECT	DR Date		Daytime Phone #	