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Secretary of State
01-24-2005 90029 016 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002116

1. Entity Name
BROWARD PERSONAL COMPUTER ASSOCIATION, INC.

66002854

Principal Place of Business	Mailing Address
PO BOX 11955 FT LAUDERDALE, FL 33336	PO BOX 11955 FT LAUDERDALE, FL 33336

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-1612267 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOOLEY, ROBERT E 2888 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33307	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOOLEY, ROBERT 3051 NE 48 ST. #402 FORT LAUDERDALE, FL 33339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHARF, ESTHER 7356 FAIRFAX DR TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATSON, JACK 639 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311	☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART KERRIGAN 1212 SE SECOND CT #103 FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRIEG, SID 4765 NW 30 STREET COCONUT CREEK, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUEPFEL, JOSEPH 7356 FAIRFAX DRIVE TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSTELLO, STEVE 3933 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	X ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: _____ ROBERT DOOLEY, DIRECTOR — JANUARY 25, 2005 — 954-202-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #