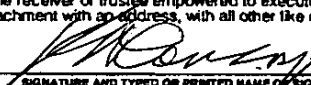


FILED
Feb 28, 2005 8:00 am
Secretary of State

01-24-2005 90029 016 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000002116			
1. Entity Name BROWARD PERSONAL COMPUTER ASSOCIATION, INC.			
Principal Place of Business PO BOX 11955 FT LAUDERDALE, FL 33336		Mailing Address PO BOX 11955 FT LAUDERDALE, FL 33336	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01112005		Chg-NP CR2E037 (10/03)	
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 DOOLEY, ROBERT E 2888 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33307		7. Name and Address of New Registered Agent 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 reappointing)			
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DOOLEY, ROBERT 3051 NE 48 ST. #402 FORT LAUDERDALE, FL 33339 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHARE, ESTHER 7356 FAIRFAX DR TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATSON, JACK 639 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311 ☐ Change ☒ 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 ☒ 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 ☒ 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 #	