2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT OCUMENT # N97000000857 Entity Name 01-25-

FILED Jan 25, 2006 8:00 am Secretary of State

1. Entity Name RIDGE COMPUTER USERS, INC.					0	1-25-2006 9002	24 050 ****61.	25	
1580 BOUGAINVILLEA WAY 158		Mailing Address 1580 BOUGAINVILLEA WAY BARTOW, FL 33830 US]					
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-NP C	R2E037 (11/05)			
City & State		City & State		4. FEI Number 59-34445		———	pplied For		
Zip	Zip Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	sistered Agent		I	7. Name and Ad	dress of New Regis	stered Agent		
					Name				
HAIN, BETTY 1580 BOUGAINVILLEA WAY BARTOW, FL 33830				Street Address	oddress (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cox	de	
	named entity submits this statement for the	e purpose of changing its r	register	d office or registe	ered agent, or both, i	in the State of Florida	_ 	, and accept	
	ions of registered agents						•		
SIGNATURE	Signature, typed or printed registered agent and t	ittle if applicable. (NOTE:	Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib									
					\$5.00 May Be Added to Fees		check payable Department of S		
10.		Trust Fund Co			Added to Fees		Department of S	itate	
TITLE	OFFICERS AND DIRECT	Trust Fund Co	11.	ion. D	Added to Fees	Florida	Department of S	itate	
TITLE NAME	OFFICERS AND DIRECT D CROFT, SUE	Trust Fund Co	11.	ion. E D E D R	Added to Fees ADDITIONS/CHAN	Florida GES TO OFFICERS /	Department of S	N 10	
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIRECT CROFT, SUE 231 STANLEY AVE	Trust Fund Co	11. TITUE NAM STRE	E D E Br	Added to Fees ADDITIONS/CHAN Oseghini,	Florida GES TO OFFICERS /	Department of S AND DIRECTORS II Change	N 10 Addition	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Plottod statutes. I faither 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:	
SIGNATURE:	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06

863-533-2307