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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000003961

1. Entity Name
AFFORDABLE COMPUTER SUPPLY MARKETPLACE, INC.

Principal Place of Business	Mailing Address
1205 ELIZABETH ST UNIT J PUNTA GORDA, FL 33950	1205 ELIZABETH ST UNIT J PUNTA GORDA, FL 33950

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6035 Taylor Rd	6035 Taylor Rd
Suite, Apt. #, etc.: Unit 3	Suite, Apt. #, etc.: Unit 3
City & State: Punta Gorda, FL	City & State: Punta Gorda, FL
Zip: 33950 Country: United States	Zip: 33950 Country: United States

4. FEI Number: 65-0977389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEETER, CAROL S
1205 ELIZABETH ST UNIT J
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name: Heeter, Carol S
Street Address (P.O. Box Number is Not Acceptable): 6035 Taylor Rd Unit 3
City: Punta Gorda FL Zip Code: 33950

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)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEETER, CAROL S 1205 ELIZABETH ST UNIT J PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Heeter, Carol S 6035 Taylor Rd Unit 3 Punta Gorda, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 607, 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: Carol S. Heeter 7/7/05 941-639-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #