2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036378

Address:

City-St-Zip:

Entity Name: AKET COMPUTER SOLUTIONS INC.

FILED Apr 30, 2006 Secretary of State

Littly Name: ARET COMPUTER SOLUTIONS, INC.						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
8414 NOR TAMPA, F	TH NEWPOR' L 33604	T AVENUE				
Current Mailing Address:			New Mailing Address:			
P.O. BOX LAKELANI	91929 D, FL 3380419	929				
FEI Number: 59-3636643 FEI Number Applied For ()			FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
343 ALME	& UTRERA, P. RIA AVENUE ABLES, FL 33					
	named entity se of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HENDERSON, 5921 RIVA RID WESLEY CHAF	GE DRIVE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () SMITH, FLOYD 6225 N. DALE I TAMPA, FL 33	MABRY #1406	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () HENDERSON, 5921 RIVA RID WESLEY CHAR	GE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () CHRISTOPHER 4942 ELON CF LAKELAND, FL	RESCENT	Title: Name: Address: City-St-Zip:			
Title: Name:	VD () BYNUM, STEVE) Delete EN D	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NATIKA M CHRISTOPHER TD 04/30/2006

8414 NORTH NEWPORT AVENUE

TAMPA, FL 33604