2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036378

Address:

City-St-Zip:

Entity Name: AKET COMPUTER SOLUTIONS

FILED Apr 24, 2009 Secretary of State

Entity Na	me: AKET CO	DMPUTER SOLUTIONS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
8414 NOR TAMPA, F	RTH NEWPOR L 33604	T AVENUE				
Current M	lailing Addre	ss:	New Mailing Address:			
P.O. BOX LAKELAN	91929 D, FL 338041	929				
FEI Number	: 59-3636643	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
343 ALME	& UTRERA, P RIA AVENUE ABLES, FL 33					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or bo	oth,
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HENDERSON, 5921 RIVA RIE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (SMITH, FLOYE 6225 N. DALE TAMPA, FL 33	MABRY #1406	Title: Name: Address: City-St-Zip:	SMITH, FLOY 12433 WASA		
Title: Name: Address: City-St-Zip:	HENDERSON, 5921 RIVA RIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHRISTOPHE	MANOR LOOP #210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD (BYNUM, STEV) Delete EN D	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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, CHIRSTOPHER TD 04/24/2009

8414 NORTH NEWPORT AVENUE

TAMPA, FL 33604