2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000006458 07-21-2006 90027 014 ***150.00 COMPUTER & COMMUNICATION RECYCLERS, INC. Principal Place of Business 40100387 Mailing Address 2527 CROSS COUNTRY DR 2527 CROSS COUNTRY DR PORT ORANGE, FL 32128 PORT ORANGE, FL 32128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07102006 CR2E034 (11/05) Chg-P City & State Applied For 4. FFI Number enci 59-3692967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAROVITCH, MARK MAROVITCH, MARK 2653 SLOW FLIGHT BR 2527 CVOS & COUNTRY OF Street Address (P.O. Box Number is Not Acceptable) 2537 CROSS COUNTRY DRIVE DAYTONA BEACH, FL 32124 FL Beach 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE MAROVITCH, MARK NAME NAME 2527 CROSS COUNTRY DRIVE 2653 SLOW FLIGHT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32124 CITY-ST-ZIP DAYTONA BEAC TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 21, 2006 8:00 am

Daytime Phone #