

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034755

FILED
Mar 26, 2004
Secretary of State

Entity Name: THA COMPUTER CONSULTANTS, INC.

Current Principal Place of Business:

5019 SW 20TH PL
CAPE CORAL, FL 33914 US

New Principal Place of Business:

3609 EMBERS PARKWAY
CAPE CORAL, FL 33993 US

Current Mailing Address:

5019 SW 20TH PL
CAPE CORAL, FL 33914 US

New Mailing Address:

3609 EMBERS PARKWAY
CAPE CORAL, FL 33993 US

FEI Number: 65-1089534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TRUMAN H
5019 SW 20TH PL
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

ANDERSON, TRUMAN H
3609 EMBERS PARKWAY
CAPE CORAL, FL 33993 US

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.

SIGNATURE: TRUMAN H ANDERSON

03/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, TRUMAN H
Address: 5019 SW 20TH PL
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SD () Delete
Name: ANDERSON, AILEEN M
Address: 5019 SW 20TH PL
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, TRUMAN H
Address: 3609 EMBERS PARKWAY
City-St-Zip: CAPE CORAL, FL 33993 US

Title: SD (X) Change () Addition
Name: ANDERSON, AILEEN M
Address: 3609 EMBERS PARKWAY
City-St-Zip: CAPE CORAL, FL 33993 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TRUMAN H ANDERSON

PD

03/26/2004

Electronic Signature of Signing Officer or Director

Date