
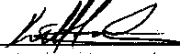



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90177 027 ***150.00

DOCUMENT # P01000052627 1. Entity Name AFFINITY COMPUTER CORPORATION			
Principal Place of Business 501 WEST CENTRAL AVENUE WINTER HAVEN FL 33880		Mailing Address 501 WEST CENTRAL AVENUE WINTER HAVEN FL 33880	
2. Principal Place of Business 230 AV K NE Suite, Apt. #, etc.		3. Mailing Address 230 AV K NE Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL 33881 Zip 33881 Country POLK		City & State WINTER HAVEN, FL Zip 33881 Country POLK	
4. FEI Number 59-3746148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDS, KEITH EDWARD 230 AVENUE K NORTH EAST WINTER HAVEN FL 33881		7. Name and Address of New Registered Agent Name KEITH FIELDS Street Address (P.O. Box Number is Not Acceptable) 230 AV K NE WINTER HAVEN, FL 33881 City WINTER HAVEN, FL FL Zip Code 33881	
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  KEITH FIELDS		DATE 4-18-06	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KEITH EDWARD 230 AVENUE K NORTH EAST WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  KEITH FIELDS		DATE 4-18-06 DAYTIME PHONE # (863) 299 8848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	