2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000094526 AVTÉCH COMPUTER SERVICE, INC. Principal Place of Business Mailing Address 1110 PELICAN PLACE 1110 PELICAN PLACE

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90179 022 ***150.00

50044679

Daytime Phone #



DO NOT WRITE IN THIS SPACE

SAFETY HARBOR, FL 34695

03162005 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 59-3745045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

COLBERT, ARNOLD 1110 PELICAN PLACE SAFETY HARBOR, FL 34695

SAFETY HARBOR, FL 34695

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	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE_	•				•
	Signature, typed or printed name of rog stered agent and title	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLBERT, ARNOLD 1110 PELICAN PLACE SAFETY HARBOR, FL 34695		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- DO	NOT WRITE
NITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of	certify that the information supplied with this fi	ling does not qualify for the exem	nption state	d in Section 119.07(3	n(i). Florida Statutes. I further certify that the information and as if made under path; 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:	invid #	Crebest.	ARNOLD	H	COLBERT	4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date	