

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 05, 2006 8:00 am  
Secretary of State**

04-05-2006 90135 044 \*\*\*150.00

DOCUMENT # P02000013068		
1. Entity Name COMPUTERS R EASY INC.		

Principal Place of Business 4001 BLUFF HARBOR WAY WELLINGTON, FL 33467	Mailing Address PO BOX 541168 LAKE WORTH, FL 33454-1168
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2. Principal Place of Business	3. Mailing Address 4001 Bluff Harbor way
Suite, Apt. #, etc.	Suite, Apt. #, etc. R
City & State	City & State Wellington FL
Zip	Country 33467 USA



04012006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0595108	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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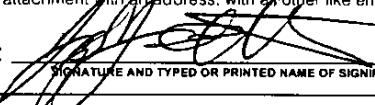
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUMPHREY, RANDALL 6894 LAKE WORTH RD. SUITE 203 LAKE WORTH, FL 33467		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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   
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLI, JOSEPH 4001 BLUFF HARBOR WAY WELLINGTON, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JP/D Joseph castelli; 4001 Bluff Harbor way Wellington FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLI, MICHELE 4001 BLUFF HARBOR WAY WELLINGTON, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Michele castelli; 4001 Bluff Harbor way Wellington, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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:   
Joseph Castelli 4/2/06 911-523-6022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #