2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000036636

1. Entity Name

EXPÉRT COMPUTER SUPPORT, INC.



04212005

Principal Place of Business

111 S. MAITLAND BLVD. MAITLAND. FL 32794-5050

Mailing Address

111 S. MAITLAND BLVD. MAITLAND, FL 32794-5050

| 10410410,12 3 | 27313030 | 1541240,12 32/31 3030 | | | | |
|--------------------------------|----------|-----------------------|--------------------|------|--|--|
| 2. Principal Place of Business | | 3. Mailing Addres | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | try | | | |
| (| ļ | | | | | |
| | | - | | Name | | |

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

04-29-2005 90271 031 ***150.00

14010370

CR2E034 (10/03)

Davume Phone #

| City & State | | City & State | | 4. FEI Number | .05 | | | plied For | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-------------------------------|----------------------------------------------------|-------------------------|------------|-----------------------|--------------|--|--|
| | | | | 27-00079 | 95 | | No | t Applicable | | |
| Zip Country 2 | | Zip | Country | 5. Certificate of | Status Desired [| | 3.75 Add e Require | | | |
| | 6. Name and Address of Current Regis | | 7. Name and Ad | dress of New Regis | tered Ag | ent | | | | |
| | | | Name | | | | | | | |
| HESS, JAMES ESQ. | | | - | | | | | | | |
| 111 S. MAITLAND BLVD. | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MAITLAND, FL 32794-5050 | | | | | | | | | | |
| | • | | | | | | | | | |
| | • | | City | | | FL | Zip Cod | е | | |
| 8. The above | named entity submits this statement for the | ourpose of changing its re | gistered office or r | registered agent, or both, | in the State of Florida | . I am far | niliar with, | and accept | | |
| | ions of registered agent. | | • | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if applicable (NOTE: F | Senidered Agent signatur | e required when reinstating) | | DATE | | | | |
| | organizati, typota or primou ratta en registro co agont aro tre | 1 | | , | | | | | | |
| | | 9. Election Campaign | n Financino | \$5.00 May Be | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Trust Fund Contrib | · · · | Added to Fees | | | | | | |
| Aitei iii | ay 1, 2003 100 Will be \$550.00 | | | | | | | | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CH | ANGES TO OFFICER | RS AND D | IRECTOR | S IN 11 | | |
| TITLE | PD | ☐ Delete | TITLE | | | | Change | Addition | | |
| NAME | ESPADA, PEDRO | | NAME | | | | | | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADDRESS | | | | | | | |
| CITY-SI-ZIP | MAITLAND, FL 327945050 | | CITY-ST-ZIP | | | | | | | |
| TITLE | VD | ☐ Delete | TITLE | | | [| Change | ☐ Addition | | |
| NAME | LANGSTON, HERBERT | _ v | NAME | | | _ | _ • | _ | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MAITLAND, FL 327945050 | | CITY-ST-21P | | | | | | | |
| TITLE | VD | ☐ Delete | TITLE | | | Г | Change | Addition | | |
| NAME | HESS, JAMES | L Delete | NAME. | | | | 0go | | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MAITLAND, FL 327945050 | | CITY-ST-ZIP | | | | | | | |
| TITLE | VTD | ☐ Delete | TITLE | | | | Change | ☐ Addition | | |
| TITLE NAME | BOLTON, BRIAN B | □ Desete | NAME | | | | Unange | | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MAITLAND, FL 327945050 | | CITY-ST-ZIP | | | | | | | |
| | VD | ☐ Delete | TITLE | | | г | Change | Addition | | |
| TITLE NAME | ZNOSKO, GERALD | LL Delete | NAME | | | · | Change | HOURIGH | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MAITLAND, FL 327945050 | | CITY-ST-ZIP | | | | | | | |
| | | 453 | | | | | 7 Ch | TT A HARRY - | | |
| TITLE | VTSD | XX Delete | TITLE | | | L | Change | Addition | | |
| NAME | HELM, GEORGE | | NAME | | | | | | | |
| STREET ADDRESS | 111 S. MAITLAND BLVD. | | STREET ADORESS CITY-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | MAITLAND, FL 327945050 | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 time empowered. | | | | | | | | | | |
| changed | , or on an attachment with an address, with a | ill o ther tike e mpowered. | | | 4 | | | | | |

MAME OF SIGNING OFFICER OR DIRECTOR