2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000037148 1. Entity Name CHRISPER COMPUTER CONCEPTS, INC. TILED May 03, 2004 08:00 AM Secretary of State

CHRISPE	ER COMPUTER CONCEPTS, I						
1594 SUNFL	LOWER COURT	failing Address 1594 SUNFLOWER COURT WINTER PARK, FL 32792					
DO NOT WRITE IN THIS SPACE				04152004 No Chg-P CR2E034 (10/03) 4. FEI Number 68-0495980 Applied For Not Applicable 5. Certificate of Status Desired □ S8.75 Additional Fee Required			
-	6. Name and Address of Current Regi	stered Agent					
DEVORE, ROSA 685-B GEORGIA AVE LONGWOOD, FL 32750			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flor	ida. I am familiar wil	h, and accept
1	ions of registered agent.						
SIGNATURE.	\$-gneture, typed or printed name of registered agent and title	ed Agent signatura require	d when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be ded to Fees	U00000 05/05/04-	154726 80008-019 1	150 .0 0
10.	OFFICERS AND DIRE	CTORS			'	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TICHE, CHRISTIAN E 1594 SUNFLOWER COURT WINTER PARK, FL 32792						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE						*	

12. I hereby certify that the information supplied with this filling 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 like empowered. The first of the composition of

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-830-0297 Devime Phone #