2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045437

Entity Name: COMPUTERS PLUS, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	NSEN BCH B CH, FL 34957	LVD						
Current Mailing Address:				New Mailing Address:				
1046 NE JENSEN BCH BLVD JENSEN BCH, FL 34957								
FEI Number: 4	11-2042377	FEI Number Applied For ()	FEI Numbe	er Not Applic	cable () Certi	ficate of Status Des	sired ()	
Name and Address of Current Registered Agent: Name					me and Address of New Registered Agent:			
1674 SE GF	HRYSTAL J REEN ACRES UCIE, FL 349	CIRCLE, JJ203 52 US						
The above r	named entity s of Florida.	ubmits this statement for the p	ourpose of cl	hanging its	s registered office o	or registered age	nt, or both,	
SIGNATUR	E:							
	Electroni	c Signature of Registered Ag	ent			Date	_	
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	POTTER, ROBIN	I ACRES CIR., JJ203	Na Ad	tle: ame: ldress: ty-St-Zip:	()Chang	ge () Addition		
Title: Name: Address: City-St-Zip:	POTTER, ROBIN	I ACRES CIR., JJ203	Na Ad	tle: ame: ldress: ty-St-Zip:	()Chang	ge () Addition		
Title: Name: Address: City-St-Zip:	POTTER, CHRY	I ACRES CIR., JJ203	Na Ad	tle: ame: ldress: ty-St-Zip:	()Chang	ge () Addition		
Title: Name: Address: City-St-Zip:	D () POTTER, CHRY 1674 SE GREEN PORT ST LUCIE	STAL J I ACRES CIR., JJ203	Na Ad	tle: ame: ldress: ty-St-Zip:	() Chang	ge () Addition		
Title: Name: Address: City-St-Zip:	DV () JOHNSON, DAN 6405 LAKERIDG NEW MARKET, I	E DR	Na Ad		DV (X) Chang JOHNSON, DANIEL J 657 NW RIVERSIDE I PORT ST LUCIE, FL	DRIVE		
Title: Name: Address: City-St-Zip:	DS () JOHNSON, S. JA 6405 LAKERIDG NEW MARKET, I	E DR	Na Ad	ame: Idress:	DS (X) Chang JOHNSON, S. JANET 657 NW RIVERSIDE I PORT ST LUCIE, FL			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN B. POTTER, SR. CEOP 04/30/2005