


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060818 1. Entity Name SPACE AGE COMPUTER SOLUTIONS, INC.	
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Principal Place of Business 4056 OAKVIEW DR., UNIT E3 CHARLOTTE HARBOR, FL 33980	Mailing Address 4056 OAKVIEW DR., UNIT E3 CHARLOTTE HARBOR, FL 33980
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04252004 No Chg-P CR2E034 (10/03)

4. FCI Number 82-0556094	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PETERS, CHARLES L 4056 OAKVIEW DR., UNIT E3 CHARLOTTE HARBOR, FL 33980

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CEO PETERS, CHARLES L 4056 OAKVIEW DR., UNIT E3 CHARLOTTE HARBOR, FL 33980
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PETERS, CHRISTINE K 4056 OAKVIEW DR., UNIT E3 CHARLOTTE HARBOR, FL 33980
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<p>U000000135250 04/28/04-80052-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Charles L. Peters Charles L. Peters</u> <u>4/25/04</u> <u>941-235-0164</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>