2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P03000014023 **ENCORE COMPUTER CORPORATION** Principal Place of Business Mailing Address 105 EAST DRIVE 105 EAST DRIVE MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 51-0321481 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON, RICK Street Address (P.O. Box Number is Not Acceptable) 105 EAST DRIVE MELBOURNE FL 32904 Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registored 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition ☐ Delete TITLE WILKINSON, RICK NAME NAME 105 EAST DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CATY+SI-ZIP CHY-SI-7IP PD DILE ☐ Delete TIME Change Addition BECK, HAROLD D NAME NAME 105 EAST DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CITY+SI-7(P CITY-ST-ZIP n TITLE ☐ Delete THILE □ Change ☐ Addition BECK, CONSTANCE A NAME NAME 105 EAST DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 C!TY+ST-ZIP CUY-21-ZIP TITLE Delete TITLE Change ☐ Addition BECK, KEVIN J NAME NAME 105 EAST DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CITY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition BECK, KEITH A NAME NAME 105 EAST DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CITY-SI-ZIP CITY-ST-ZIP TILE Addition Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; that I am an efficier 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0:2/20/07 321-729-27
Date Dayling Phone #

FILED