
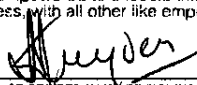


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -8 PM 1:47

DOCUMENT # P03000017171 1. Entity Name KB'S COMPUTER WAREHOUSE INC.					
Principal Place of Business 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308			Mailing Address 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308		
2. Principal Place of Business 1350 E. TENNESSEE STREET		3. Mailing Address Suite, Apt. #, etc. SUITE B2B			
City & State TALLAHASSEE		City & State TALLAHASSEE			
Zip 32308		Country LEON		Zip 32308	
Country LEON		Country LEON			
4. FEI Number 75-3099704				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYDEN, CONRAD B 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name CONRAD B. HAYDEN Street Address (P.O. Box Number is Not Acceptable) 1350 E TENNESSEE ST. STE. B2B City TALLAHASSEE FL Zip Code 32308		
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 reinstating)</small>					
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 <div style="text-align: right;"> 000030508200 16/04--01037--004 **150.00 </div>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYDEN, CONRAD B 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:				CONRAD HAYDEN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/8/04		Daytime Phone # 850-656-1524	