2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P03000017171 1. Entity Name KB'S COMPUTER WAREHOUSE INC. 08 JAN 29 PM 1: 17 SECKE LARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1350 E TENNESSEE ST STE B2B 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-P CR2E034 (12/06) City & State City & State 4. FÉI Number Applied For 75-3099704 , į Not Applicable Zip Country Zip 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 HAYDEN, CONRAD B Street Address (P.O. Box Number is Not Acceptable) 1350 E TENNESSEE ST STE B2B TALLAHASSEE, FL 32308 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Р ☐ Delete TITLE ☐ Change ☐ Addition HAYDEN, CONRAD B NAME NAME -50011792160 02/13/08--01005--001 *** 1350 È TENNESSEE ST STE B2B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TELE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oclete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CONRAD HAYDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR