## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050811

Entity Name: COMPUTER WIZARD CONSULTING, INC.

FILED Aug 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9491 E. PLUM HARBOR WAY TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

9491 E. PLUM HARBOR WAY TAMARAC, FL 33321 US

FEI Number: 31-1827350 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMSON, TAMARA D
9491 E. PLUM HARBOR WAY
TAMARAC, FL 33321 US
WILLIAMSON, HORACE S
9491 E. PLUM HARBOR WAY
TAMARAC, FL 33321 US
TAMARAC, FL 33321 US

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.

SIGNATURE: HORACE S. WILLIAMSON 08/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition WILLIAMSON, TAMARA D WILLIAMSON, HORACE S II Name: Name: 9491 E. PLUM HARBOR WAY 9491 E. PLUM HARBOR WAY Address: Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: TAMARAC, FL 33321 US

Title: VP () Delete Title: VP (X) Change () Addition
Name: WILLIAMSON, HORACE S II Name: WILLIAMSON, ETHEL D
Address: 9491 F. PLUM HARBOR WAY

Address: 9491 E. PLUM HARBOR WAY
City-St-Zip: TAMARAC, FL 33321 US
Address: 9491 E. PLUM HARBOR WAY
City-St-Zip: TAMARAC, FL 33321 US
TAMARAC, FL 33321 US

Title: S () Delete Title: S (X) Change () Addition Name: WILLIAMSON, ETHEL D Name: WILLIAMSON, ETHEL D

Name:WILLIAMSON, ETHEL DName:WILLIAMSON, ETHEL DAddress:4152 INVERRARY DRIVE #203Address:9491 E PLUM HARBOR WAYCity-St-Zip:LAUDERHILL, FL 33319 USCity-St-Zip:TAMARAC, FL 33321 US

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: HORACE S. WILLIAMSON P 08/22/2005