## FILED Jun 03, 2004 8:00 am Secretary of State 05-03-2004 91256 041 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Pincipal Place of Survives   228 ABBOTT AVENUE   LAKE MARY, FL 32745-3010   22745	DOCUMENT # P03000076952  1. Entity Name POWERHOUSE COMPUTERS, INC.									
Suize, Api I, alic.  Suize, Api I, alic.  City & Suize  A poll Number  A poll Number  Service and Address of Current Registered Agent  T. Nume and Address of New Registered Agent  SANDERS, CINA  SERVICE AGENCITY  Service Address (P.O. Box Number is Not Acceptable)  B. The above number and address of Current Registered Agent  Service Address (P.O. Box Number is Not Acceptable)  B. The above number and address of New Registered Agent  Service Address (P.O. Box Number is Not Acceptable)  Service Address (P.O. Box Number is Not Acceptable)  B. The above number and address of New Registered Agent  Service Address (P.O. Box Number is Not Acceptable)  B. The above number and address of New Registered Agent  Service Address (P.O. Box Number is Not Acceptable)  Service	226 ABBOTT AVENUE 226 ABBOTT AVENUE			5-3010	L	66426125				
City & State  City & State  City & State  City & State  A COUNTY  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Principal Place of Business     3. Mailing Address				<del></del>					
Name and Address of Current Registered Agent   S. Coulificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. S. 75 exteriors   S. Currificate of Status Deleted   S. Currificate of P. Currificate of P. Currificate of Policies   S. Currificate of P. Currificate of Policies   S. Currificate Office   S. Currificate Office   S. Currificate   S. Currific	Suite, Apt. #, etc. Suite, Apt. #, etc.					04302004	Chg-P CR2	E034 (10/03)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SANDERS, GINA— 26 ABDOTT AVENUE  LAKE MARY, FL 32746-3010  6. The above named entry submits this statement for the purpose of changing its registered aligner, or registered agent, or both, in the State of Piorida. I am familiar with and accept the obligations of registered agent and the statement for the purpose of changing its registered differ or registered agent, or both, in the State of Piorida. I am familiar with and accept the obligations of registered agent and the statement for the purpose of changing its registered agent agent or both, in the State of Piorida. I am familiar with and accept the obligations of registered agent and the statement for the purpose of changing its registered agent are both, in the State of Piorida. I am familiar with and accept the statement of registered agent and the statement for the purpose of changing its registered agent are both. In the State of Piorida. I am familiar with and accept the statement of registered agent and provides.  FILE NOWILL Feet 18 \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Current Registered Agent Registered Agent and the statement of registered agent and provides agent and provides.  9. Election Current Registered Agent Registered Agent and Statement Registered Agent Registered Registered Registered Registered Registered Registered Registered R						4. EEI Numb	0091693	<del></del>		
SANDERS, GINA  26 ABDOTT AVENUE  LAKE MARY, FL 32746-3010  10  10  10  10  10  10  10  10  10	Zip Country					<u></u>		Fee Require		
## Steet Address (P.C. Box Number is Not Acceptable)    City	·	6. Name and Address of Current F								
City FL Zip Code  8. The above named antity 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 collopations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collopation of the col	226 ABBOTT AVENUE LAKE MARY, FL 32746-3010				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE:    SIGNATURE   STEEL MOMNITE   FEE 18 \$150.00   SElection Campaign Financing   Trust Fund Contribution.   S5.00 May Be   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Trust Fund Contribution.   Added to Fees   Trust Fund Contribution.   Addition   Addition   Addition Fund Fund Contribution.   Addition   Addition Fund Fund Fund Fund Fund Fund Fund Fun	<b>√</b> 1				City FL Zip Code				e	
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After May 1, 2014 Fee will be \$50.00  Trust Fund Contribution.   Added to Fees  10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    TITLE   P	SIGNATURE.	Signature, typed or printed name of registered agent a	nd litte if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	<u>pati</u>	 E		
TITLE  MAKE						.00 May Be led to Fees				
NAME SIRET ADDRESS CITY-S1-2P  LAKE MARY, FL 327463010  Delde SIRET ADDRESS CITY-S1-2P  TITLE NAME SIRET ADDRESS CITY-S1-2P  Change ADD				_		ADDITIONS	CHANGES TO OFFICERS A			
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 suppliemental 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 tike empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR.  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-Z	NAME STREET ADDRESS	·	- [] Ockets	MAM STR	EET ADDRESS			Change	Addition	
NAME STREET ADDRESS CITY-ST- 2IP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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 cath; 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 tike empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED MAJE OF BIGNING OFFICER OR DRECTOR  Daylory Phone *  4/30/2004	NAME STREET ADDRESS		☐ Delota	NAM Stri	EET ADORESS			Change	Addition	
SIGNATURE: GINA Childers SAnders VTG Childers VT Dockharders VT Do	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE City	IE EET ADORESS /-ST-ZIP					
SIGNATURE AND TYPED OR PRINTED HAME OF BIGINNG OFFICER OR DIRECTOR 5 Day, or proprior of	changed, or on an attachment with an address, with all other like empowered.									
4/00/204 4/07.302-07.89	SIGNAT	SIGNATURE AND TYPED OR P	NINTED HAME OF BIGMING OFFICER	DR DIREC		S	1/20/-	Daytmy/hone *		
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