

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100097

FILED
Apr 30, 2004
Secretary of State

Entity Name: MASTER COMPUTING SERVICES, INC

Current Principal Place of Business:

11500 SUMMIT WEST BLVD
9B
TAMPS, FL 33617

New Principal Place of Business:

11500 SUMMIT WEST BLVD
31A
TAMPA, FL 33617

Current Mailing Address:

11500 SUMMIT WEST BLVD
9B
TAMPS, FL 33617

New Mailing Address:

11500 SUMMIT WEST BLVD
31A
TAMPA, FL 33617

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACINE, KAREN T
11500 SUMMIT WEST BLVD
9B
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

RACINE, KAREN T
11500 SUMMIT WEST BLVD
31A
TAMPA, FL 33617 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: KAREN T RACINE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STIMPFLING, ROBERT J
Address: 11500 SUMMIT WEST BLVD, APT 9B
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J STIMPFLING

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date