

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90476 044 \*\*\*150.00

<b>DOCUMENT # P03000105998</b> 1. Entity Name <b>COMPUTERS YOUR WAY, INC.</b>					
Principal Place of Business <b>1280 BISCAYNE BOULEVARD UNIT #7 DELAND, FL 32724 US</b>			Mailing Address <b>1280 BISCAYNE BOULEVARD UNIT #7 DELAND, FL 32724 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0296953</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOHAMED, BRUCE 21150 NORTH KEPLER ROAD DELAND, FL 32724</b>			7. Name and Address of New Registered Agent Name <b>MOHAMED, BRUCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2115 NORTH KEPLER ROAD</b> City <b>DELAND</b> FL Zip Code <b>32724</b>		
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 <u><b>Bruce Mohamed</b></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><b>1/8/04</b></u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MOHAMED, DANIELLE</b> <b>1810 NW 23 BOULEVARD, APT 217</b> <b>GAINESVILLE, FL 32724</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICER</b> <b>MOHAMED DANIELLE</b> <b>1810 NW 23 BOULEVARD APT. 217</b> <b>GAINESVILLE, FL 32724</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <b>MOHAMED BRUCE</b> <b>2115 NORTH KEPLER RD.</b> <b>DELAND FL. 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <b>MOHAMED BRUCE</b> <b>2115 NORTH KEPLER RD.</b> <b>DELAND FL. 32724</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: <u><b>Bruce Mohamed</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>1/8/2004</b></u> Daytime Phone # <u><b>352-748-3022</b></u>		