

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119137

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CBC COMPUTER SYSTEMS INC.

## Current Principal Place of Business:

455 DOUGLAS AVE STE 2155-31  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

405 DOUGLAS AVE STE 2105  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

122 NIAGARA STREET ST  
ST. CATHARINES ONTARIO L2R 4L4  
CANADA, XX

## New Mailing Address:

122 NIAGARA STREET  
ST CATHARINES, ON L2R 4L4 CA

FEI Number: 05-0589535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAMINSKY, ALBERT D  
455 DOUGLAS AVE STE 2155-31  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

KAMINSKY, ALBERT D  
405 DOUGLAS AVE STE 2105  
ALTAMONTE SPRINGS, FL 32714 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARTRIDGE, WALLACE C  
Address: 122 NIAGARA STREET  
City-St-Zip: ST CATHARINES ON CANADA, L2R 4L4

Title: D ( ) Delete  
Name: PARTRIDGE, WARD C  
Address: 122 NIAGARA STREET  
City-St-Zip: ST CATHARINES ON CANADA, L2R 4L4

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PARTRIDGE, WALLACE C  
Address: 122 NIAGARA STREET  
City-St-Zip: ST CATHARINES, ON L2R 4L4 CA

Title: D (X) Change ( ) Addition  
Name: PARTRIDGE, WARD C  
Address: 122 NIAGARA STREET  
City-St-Zip: ST CATHARINES, ON L2R 4L4 CA

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: WARD PARTRIDGE

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date