

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 038 ***150.00

DOCUMENT # P03000119137					
1. Entity Name CBC COMPUTER SYSTEMS INC.					
Principal Place of Business 405 DOUGLAS AVE STE 2105 ALTAMONTE SPRINGS, FL 32714			Mailing Address 122 NIAGARA STREET ST CATHARINES, ON L2R 4-L4		
2. Principal Place of Business 900 FOX VALLEY DR. Suite, Apt. #, etc. SUITE 200		3. Mailing Address Suite, Apt. #, etc.			
City & State LONGWOOD FL		City & State		4. FEI Number 05-0589535	
Zip 32779-2552		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMINSKY, ALBERT D 405 DOUGLAS AVE STE 2105 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900 FOX VALLEY DR., SUITE 200 City LONGWOOD FL Zip Code 32779-2552		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 PARTRIDGE, WALLACE C 122 NIAGARA STREET ST CATHARINES, ON L2R 4L4	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTRIDGE, WARD C 122 NIAGARA STREET ST CATHARINES, ON L2R 4L4	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Albert D Kaminsky</u> <u>Ward Partridge</u> <u>APRIL 17/06</u> <u>407-774-4825</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					