## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P04000053498 1. Entity Name COMPUTERS UNLIMITED INTERNATIONAL, INC. Principal Place of Business Mailing Address 6821 W. COLONIAL DR. 6821 W. COLONIAL DR. ORLANDO, FL 32818 ORLANDO, FL 32818 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2131095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCOTT, TYRONE J DO NOT WRITE 6821 W. COLONIAL DR. ORLANDO, FL 32818 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees U00000743383 -014 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME SCOTT, TYRONE J STREET ADDRESS 6821 W. COLONIAL DR. CITY-ST-ZIP ORLANDO, FL 32818 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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** 

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

4/26/07

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