FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 01, 2006 8:00 am Secretary of State

4-20-06

(352) 684-3347

Daytime Phone #

UNIFORM BUSINESS REPORT (UBR) 05-01-2006 90442 050 ***150.00 DOCUMENT # P04000057954 1. Entity Name MARK-ONE COMPUTERS, INC. DO NOT WRITE IN THIS SPACE 60031175 2. Principal Place of Business 3. Mailing Address 8554 FOREST OAKS BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SPRING HILL, FL 20-0942557 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34606 Fee Required 7. Name and Address of Current Registered Agent Name MARK D. GROSS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 8554 FOREST OAKS BLVD IN THIS SPACE City Zip Code SPRING HILL 34606 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. 41-20-06 **SIGNATURE** Signature, pped or purited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11 PRESIDENT/DIRECTOR TITLE TITLE NAME MARK D. GROSS NAME 2376 HOLSTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TITLE SECRETARY/TREASURER TITLE SHERYY ANN GROSS NAME NAME STREET ADDRESS 2376 HOLSTON AVENUE STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-ZIP TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fem 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 on an attachment with an address, with all other like empowered.

MARK D. GROSS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR