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Secretary of State
05-08-2006 90296 001 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130515

1. Entity Name
A&A COMPUTER SERVICES, INC.

66021114

04172006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
2180 SE HARRISON ST. STUART, FL 34997	2180 SE HARRISON ST. STUART, FL 34997

2. Principal Place of Business	3. Mailing Address
6109 CASSIA DR.	6109 CASSIA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FL	City & State: FORT PIERCE, FL
Zip: 34982 Country: USA	Zip: 34982 Country: USA

4. FEI Number: 20-1635512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPPEL, EUGENE F 2180 SE HARRISON ST. STUART, FL 34997	Name: YIH-YOH LU Street Address (P.O. Box Number is Not Acceptable): 6109 CASSIA DR City: FORT PIERCE FL Zip Code: 34982

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: EUGENE F. CAPPEL PRES 4-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P CAPPEL, EUGENE F 2180 SE HARRISON ST. STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LU, YIH-YOH 6109 CASSIA DR. FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC CAPPEL, EUGENE F 2108 SE HARRISON ST. STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE LU, YIH-YOH 6109 CASSIA DR. FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: EUGENE F. CAPPEL PRES 4-28-06 772-223-6292
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

EUGENE F. CAPPEL