


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

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<b>DOCUMENT # P04000140306</b>					
<b>1. Entity Name</b> COMPUTECH SERVICES, INC.					
<b>Principal Place of Business</b> 1800 DREW ST - UNIT B CLEARWATER, FL 33765			<b>Mailing Address</b> 1800 DREW ST - UNIT B CLEARWATER, FL 33765		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 41-2154319	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LOUPIS, ALEXANDROS D 3135 CHARTER CLUB DR UNIT 301H TARPON SPRING, FL 34688				Name <b>LEMPIDAKIS, Eleftheria</b> Street Address (P.O. Box Number is Not Acceptable) <b>212 Driftwood Dr. South</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>	
<b>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.</b> SIGNATURE <u><i>Eleftheria Lempidakis</i></u> DATE <u>7/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> MILLER, DAVID W <b>STREET ADDRESS</b> 3643 GRANITE CT UNIT B <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> LEMPIDAKIS, ELEFThERIA <b>STREET ADDRESS</b> 212 DRIFTWOOD DR. SO. <b>CITY-ST-ZIP</b> PALM HARBOR, FLORIDA 34683	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPST <b>NAME</b> LOUPIS, ALEXANDROS D <b>STREET ADDRESS</b> 3135 CHARTER CLUB DR - UNIT 301H <b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPST <b>NAME</b> LEMPIDAKIS, ELEFThERIA <b>STREET ADDRESS</b> 212 DRIFTWOOD DR. SO. PALM HARBOR, FL. <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LOUPIS, ALEXANDROS D <b>STREET ADDRESS</b> 3135 CHARTER CLUB DR - UNIT 301H <b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LEMPIDAKIS, ELEFThERIA <b>STREET ADDRESS</b> 212 DRIFTWOOD DR., SO. <b>CITY-ST-ZIP</b> PALM HARBOR, FL. 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> <u><i>Eleftheria Lempidakis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/14/05</u> Daytime Phone # <u>727-641-2470</u>		