2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90269 036 ***150.00

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1. Entity Name
FM COMPUTER WAREHOUSE, INC.

Principal Place of Business
216 EAST S.R. #436
CASSELBERRY, FL 32707 US

Mailing Address
32431 MABEL LANE
LEESBURG, FL 34788

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1937197 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORSTER, RUDOLF
32431 MABEL LANE
LEESBURG, FL 34788-3941

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
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

TITLE	PTD	☐ Delete
NAME	FORSTER, RUDOLF	
STREET ADDRESS	32431 MABEL LANE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VPSD	☐ Delete
NAME	MANSUKHANI, SANTOSH	
STREET ADDRESS	310 MOHAVE TERRACE	
CITY-ST-ZIP	LAKE MARY, FL 327467006	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	☒ Change	☐ Addition
NAME	FORSTER, RUDOLF		
STREET ADDRESS	32431 MABEL LANE		
CITY-ST-ZIP	LEESBURG FL 34788		
TITLE	VPD	☒ Change	☐ Addition
NAME	MANSUKHANI, SANTOSH		
STREET ADDRESS	310 MOHAVE TERRACE		
CITY-ST-ZIP	LAKE MARY FL 32746		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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: Rudolf Forster RUDOLF FORSTER 1-5-06 352-360-1729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #