

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171250

FILED
Apr 26, 2005
Secretary of State

Entity Name: A PLUS COMPUTER CONSULTANTS, INC

Current Principal Place of Business:

526 SHADY PINE WAY
APT B-1
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

526 SHADY PINE WAY
APT B-1
GREENACRES, FL 33415

New Mailing Address:

FEI Number: 20-2055030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, USHAE
526 SHADY PINE WAY
APT B-1
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LEWIS, USHAE
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

Title: V () Delete
Name: LEWIS, LINCOLN
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

Title: T () Delete
Name: DENNIS, DASHAWN
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEWIS, LINCOLN
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L LEWIS

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date