2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# P05000009248

Entity Name: ALL FLORIDA COMPUTER REPAIR INC.

Current Principal Place of Business:

1139 S. HOPKINS AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

3490 OLD DIXIE HWY
MIMS, FL 32754

Current Mailing Address:

1139 S. HOPKINS AVE
TITUSVILLE, FL 32780

New Mailing Address:

3490 OLD DIXIE HWY
MIMS, FL 32754

FEI Number: 20-2187399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFO, TINA M
2924 TELKA LYNN DR.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

GRIFFO, TINA M
3490 OLD DIXIE HWY
MIMS, FL 32754 US

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: 05/09/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRIFFO, TINA M
Address: 2924 TELKA LYNN DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: VP ( ) Delete
Name: GRIFFO, MARK D
Address: 2924 TELKA LYNN DR.
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRIFFO, TINA M
Address: 3490 OLD DIXIE HWY
City-St-Zip: MIMS, FL 32754

Title: VP (X) Change ( ) Addition
Name: GRIFFO, MARK D
Address: 3490 OLD DIXIE HWY
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TINA M GRIFFO P 05/09/2007
Electronic Signature of Signing Officer or Director — Date