2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # P05000058707** JOLLAY COMPUTER CONCEPTS INC Principal Place of Business Mailing Address **2120 N 46TH AVENUE 2120 N 46TH AVENUE** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2709622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOLLAY, WILLIAM E JR DO NOT WRITE 2120 N 46TH AVENUE HOLLYWOOD, FL 33021 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME JOLLAY, WILLIAM E JR STREET ADDRESS 2120 N 46TH AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33021 *U*00000705641 04/23/07-80060-006 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ell other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SURFING OFFICER OR DIRECTOR

CITY-ST-ZIP

14-11-07 954

954.614-6852