2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2008 08:00 Al Secretary of State **DOCUMENT # P05000159164** 1. Entity Name IV COMPUTERS, INC Principal Place of Business Mailing Address 8425 CAROLINA DRIVE 8425 CAROLINA DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 01042008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3884053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREELAND, ANN DO NOT WRITE 8425 CAROLINA DRIVE ORLANDO, FL 32819 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bipset or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatizing) U00000892641 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/23/08-80058-016 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FREELAND, CHARLES W IV 8425 CAROLINA DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 NAME STREET ADDRESS CHY-ST-78 TITLE HAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HALLE STREET ADDRESS CTTY-ST-ZP TITLE STREET ADDRESS CITY-ST-789 TITLE

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:

NAME STREET ADDRESS

> SIGNATURE AND TYPED OR ED NAME OF RIGHING OFFICER OF