
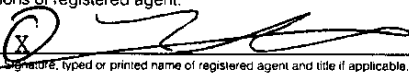
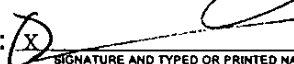


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90194 028 \*\*\*150.00

<b>DOCUMENT # P06000000144</b> 1. Entity Name <b>BRET D. LAPORTE, INC.</b>					
Principal Place of Business <b>% COMPUKEEPER INC</b> <b>2298 NW 2ND AVE. STE 20</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>% COMPUKEEPER INC</b> <b>2298 NW 2ND AVE. STE 20</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>715 Manatee Bay Drive</b>		3. Mailing Address Suite, Apt. #, etc.  			
City & State <b>Boynton Beach, FL</b>		City & State  		4. FEI Number <b>20-4035860</b>	
Zip <b>33435</b>	Country <b>U.S.</b>	Zip  	Country  	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAPORTE, BRET D</b> <b>% COMPUKEEPER INC</b> <b>2298 NW 2ND AVE. STE 20</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>Bret D Laporte</b> Street Address (P.O. Box Number is Not Acceptable) <b>715 Manatee Bay Drive</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33435</b>		
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:  <b>Bret Laporte, PR</b> DATE: <b>4/16/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, BRET D 715 MANATEE DRIVE BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>Bret Laporte, PR</b> DATE: <b>4/16/07</b> 561 341 1380 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					