


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 008 ***158.75

DOCUMENT # P07000101553 1. Entity Name NORTH PORT COMPUTERS CORP.	
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Principal Place of Business 4373 WISCHAMPER STREET PORT CHARLOTTE, FL 33948	Mailing Address 4373 WISCHAMPER STREET PORT CHARLOTTE, FL 33948
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2. Principal Place of Business - No P.O. Box # 14291 TAMIAMI TRL	3. Mailing Address 4373 WISCHAMPER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03282008 Chg-P CR2E034 (12/06)

City & State NORTH PORT, FL	City & State PORT CHARLOTTE, FL	4. FEI Number 26-0894940	Applied For Not Applicable
Zip 34287	Country USA	Zip 33948	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLER, RAYMOND C JR.
 4373 WISCHAMPER STREET
 PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 *Raymond C. Miller Jr.* DATE **3-28-08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete MILLER, RAYMOND C JR. 4373 WISCHAMPER STREET PORT CHARLOTTE, FL 33948
TITLE	VP <input type="checkbox"/> Delete MILLER, JENNIFER M 4373 WISCHAMPER STREET PORT CHARLOTTE, FL 33948
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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: *Raymond C. Miller Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-28-08** DAYTIME PHONE #: **941-429-8550**