2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000058623

1. Entity Name COMPUTER ASSISTANCE CORP.



FILED
Jan 14, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

6887 TERRA TRANQUILA DR BOCA RATON, FL 33433 US 6887 TERRA TRANQUILA DR BOCA RATON, FL 33433 US

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01122008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLLMER, ROBERT 6887 TERRA TRANQUILA DRIVE BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its regist	tered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_				<u> </u>	
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regist	tered Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fir Trust Fund Contributio	~	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VOLLMER, ROBERT 6887 TERRA TRANQUILA DR BOCA RATON, FL				U00000782813 01/15/08-80089-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/15/00 00005 011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY: ST-ZIP					·
TITLE NAME					;

12. Thereby 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 extrustee empowered to exempte 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 the empowered.

SIGNATURE:

CITY-ST-ZIP

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 544 1397 Daytime Phone #