## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 22, 2005 08:00 AM Secretary of State

|  |  |  |   |                             |                           | · 4  | 004  |
|--|--|--|---|-----------------------------|---------------------------|--|--|
| DOCUMENT # P94000014892  1. Entity Name SKS COMPUTER CONSULTING, INC.  |  |  |   | Secretary of State          |                           |  |  |
| Principal Place  | e of Business  | Mailing Address  | -   |                             |                           |  |  |
| 5423 LOCKP   | · ·  | 5423 LOCKPORT CT.  |   |                             |                           |  |  |
|  | DR. FL 34685   | PALM HARBOR, FL 34685  |   |                             |                           |  |  |
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| D  | O NOT WRITE I  | N THIS SPA   | CE  | 4. FEI Numbe                | r                         | · ····   | Applied For                                |
|  |  | ment of the second of the seco |   | 59-3227                     |                           |  | Not Applicable                             |
|  | The state of the s | The second secon | Taffahar (7 - Andria)                     | E Cortificato               | of Status Desired         | \$8.   | 75 Additional                              |
|  |  |  | in a second and the second and the second | 5. Certificate (            | Ji Siaius Desireu         | Fee  | Required                                   |
|  | 6. Name and Address of Current Reg   | istered Agent  | 3   |                             |                           | AND THE RESERVE THE PERSON NAMED OF THE PERSON | manager areas                              |
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| SHAPIRO  |  |  |   | II DO                       | NOT W                     | RITE   |  |
|  | KPORT CT.<br>RBOR, FL 34685  |  |   |                             | 4-5                       | **   |  |
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|  | named entity submits this statement for the  | purpose of changing its register   | ed office or register                     | ed agent, or boti           | r, in the State of Flo    | rida. I am famili  | ar with, and accept                        |
| the obligat  | lons of registered agent.  |  |   |                             |                           |  |  |
| SIGNATURE_   | <del>_</del> .   |  |   |                             |                           |  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent and ti  | lle if applicable. (NOTE, Registere  | d Agent signature required                | when reinstaling)           | .,                        | DATE   |  |
| <del></del>  |  | <del>-                                     </del>  |   |                             |                           |  |  |
|  |  | - [  |   | . }                         |                           |  |  |
|  | E NOW!!! FEE IS \$150.00   | 9. Election Campaign Final   |   | 00 May Be                   | U0000                     | 0324985  | 11 150 JE                                  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00  | 9. Election Campaign Final<br>Trust Fund Contribution.   |   | 00 May Be<br>ed to Fees     | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
|  |  | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
| After M  | ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIR   | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
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| After M:<br>10.  | ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIR   | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
| After M:  10.  TITLE  NAME   | AY 1, 2005 Fee WIII be \$550.00 OFFICERS AND DIR DVT SHAPIRO, JILL D   | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
| 10. TITLE NAME STREET ADDRESS  | OFFICERS AND DIR  OFFICERS AND DIR  DVT  SHAPIRO, JILL D  5423 LOCKPORT CT.  | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
| 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIR  OFFICERS AND DIR  DVT SHAPIRO, JILL D 5423 LOCKPORT CT. PALM HARBOR, FL 34685  | Trust Fund Contribution.   |   |                             | U0000<br>04/22/05         | 0324985<br>-80114-0  | 11 158.75                                  |
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