- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 08:00 AM DOCUMENT # P96000010519 **Secretary of State** 1. Entity Name CUSTOM COMPUTER, INC. Principal Place of Business ___ Mailing Address 15 HUNTSMAN LOOK 15 HUNTSMAN LOOK ORMAND BEACH, FL 32174 ORMAND BEACH, FL 32174 No Chg-P 01112005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3367853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS R. SHAFER, P.A. DO NOT WRITE 2300 GLADES RD. WEST TOWER - STE. 400 IN THIS SPACE BOCA RATON, FL 33431 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution, OFFICERS AND DIRECTORS 10. TITLE ROBERT MIRSKY NAME 15 HUNTSMAN LOOK STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP 01/14/05-80009-022 150.60 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 othersike empowered.

SIGNATURE:

POBERT HIRSKY

VIOS 386-677-0149