2005 FOR PROFIT CORPORATION

FILED May 02, 2005 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | | | Secretary of State | | | | |
|--|------------------|--|----------------------|---------------------------------------|--|---|-----------------------|---|---------------------------------|---------------------------|---------------------------|------------------------------|
| DOCUMENT # P96000049548 | | | | | | | | | 05-02-2005 | • | | |
| PC-CONNECT DATA COMMUNICATION SYSTEMS, INC. | | | | | | | | , | | | | |
| Principal Plac | e of Busines | Mailing | Mailing Address | | | | | | | | | |
| 700 S. JOHN MELBOURNE | | 700 S. JOHN RODES BLVD., SUITE C-4 MELBOURNE, FL 32904 US | | | | 1 (1881)B 2 1 | 18138 BHY 8810 BVID 8 | BIN 88111 BIB18 | 18181 81511 81891 12 | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 04292005 | Chg-P | CR2E | 034 (10/03) | | |
| City & Stat | е | City & State | | | | 4. FEI Numbe 59-3410 | | | ⊢ | plied For t Applicable | | |
| Zip | Zip Country | | Zip | Zip (| | try | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and Address of New Registered Agent | | | | |
| STILLS, DAVID | | | | | | Name STILLS, DAVID | | | | | | |
| 510 LUCAS PLACE MERRITT ISLAND, FL 32953 | | | | | Street A | aaress () | | r is Not Acceptab | | | | |
| | | | | | City | <u> </u> | 5 Elu | on L | 2016 12 | Zio God | | |
| 9. The shave | named estit | u au hanita thia atatamant f | the | on of changing its | | | <u> </u> | OFF | L :- al Da f F | | - 32c | 100 |
| | tions of regist | y submits this statement for ered agent. | or the pulpo | ise of changing its | registere | ad oilica oi | register | ed agent, or dot | n, in the state of r | Toriua. 1 an | n rammar with, | and accept |
| SIGNATURE. | Signature, typed | or printed name of registered agen | t and title if appli | cable. (NOTE | : Registere | d Agent signat | ure required | when reinstating) | | DATE | | |
| | | | | . Election Campai Trust Fund Contr | | ncing | \$5. | 00 May Be | | | | |
| 10. | | OFFICERS AND | | | | | Add | ed to Fees | | | | |
| TITLE | D | | DIRECTOR | ns . | 11. | | | | CHANGES TO OF | FICERS AN | D DIRECTOR | S IN 11 |
| NAME | | | DIRECTOR | RS Delete | TITLE | | D | ADDITIONS/ | | FICERS AN | ID DIRECTOR | S IN 11 |
| CTREET ADDRESS | STILLS, C | | DIRECTOR | | TITLE | E | SU: | ADDITIONS/ | VID | FICERS AN | | |
| STREET ADDRESS CITY-ST-ZIP | 510 LUCA | DAVID AS PLACE ISLAND, FL 32953 | DIRECTOR | | TITLE NAME STRE | | D | ADDITIONS/ | | FICERS AN | | |
| | 510 LUCA | S PLACE | DIRECTOR | | TITLE NAME STRE | e et address -st-zip | SU: | ADDITIONS/ | VID | FICERS AN | | |
| CITY-ST-ZIP TITLE NAME | 510 LUCA | S PLACE | DIRECTOR | ☐ Delete | TITLE NAME STRE CITY: TITLE NAME | E ET ADDRESS -ST-ZIP E | SU: | ADDITIONS/ | VID | FICERS AN | Change | Addition |
| CITY-ST-ZIP TITLE | 510 LUCA | S PLACE | O DIRECTOR | ☐ Delete | TITLE NAME STRE CITY TITLE NAME STRE | et address -st-zip | SU: | ADDITIONS/ | VID | FICERS AN | Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 510 LUCA | S PLACE | O DIRECTOR | ☐ Delete | TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE TITLE TITLE | E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP | SU: | ADDITIONS/ | VID | FICERS AN | Change | Addition |
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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 other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4-29-06

321-403-2003

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Daytime Phone #