


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000013628

1. Entity Name
PERSONAL COMPUTER SOLUTIONS, INC.



FILED
07 MAY 11 PM 2:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 8767 PLANTATION RIDGE BLVD. LAKELAND, FL 33809	Mailing Address 8767 PLANTATION RIDGE BLVD. LAKELAND, FL 33809
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box # 3674 HALL Rd., SW Suite, Apt. #, etc.	3. Mailing Address 3674 HALL Rd., SW Suite, Apt. #, etc.
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

04292007 Chg-P CR2E034 (12/06)

City & State SOUTH BOARDMAN, MI	City & State SOUTH BOARDMAN, MI
Zip 49680	Country USA
Zip 49680	Country USA

4. FEI Number 59-3431925	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERSTLER, DOUGLAS A
8767 PLANTATION RIDGE BLVD.
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name
LORI E. HAMMERS

Street Address (P.O. Box Number is Not Acceptable)
2532 CREWS LAKE HILLS LOOP SOUTH

City
Lakeland

State
FL

Zip Code
33813

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 *Lori E Hammers* **LORI E HAMMERS** **5-7-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
------------------------------	---------------------------------------------------------------------------------------------------------------------	--

10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">DPT GERSTLER, DOUGLAS A</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">8767 PLANTATION RIDGE BLVD.</td> </tr> <tr> <td colspan="2">LAKELAND, FL 33809</td> </tr> </table>	DPT GERSTLER, DOUGLAS A	<input type="checkbox"/> Delete	8767 PLANTATION RIDGE BLVD.		LAKELAND, FL 33809	
DPT GERSTLER, DOUGLAS A	<input type="checkbox"/> Delete						
8767 PLANTATION RIDGE BLVD.							
LAKELAND, FL 33809							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">DVS GERSTLER, DEBRA A</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">8767 PLANTATION RIDGE BLVD</td> </tr> <tr> <td colspan="2">LAKELAND, FL 33809</td> </tr> </table>	DVS GERSTLER, DEBRA A	<input type="checkbox"/> Delete	8767 PLANTATION RIDGE BLVD		LAKELAND, FL 33809	
DVS GERSTLER, DEBRA A	<input type="checkbox"/> Delete						
8767 PLANTATION RIDGE BLVD							
LAKELAND, FL 33809							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"><i>Mg118</i></td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> </table>	<i>Mg118</i>	<input type="checkbox"/> Delete				
<i>Mg118</i>	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete						

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table> </td> <td style="width: 20%;"></td> </tr> <tr> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table> </td> <td></td> </tr> <tr> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">900103096999</td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">05/23/07--01014--014 **61.25</td> </tr> </table> </td> <td></td> </tr> <tr> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </td> <td></td> </tr> <tr> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </td> <td></td> </tr> </table>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table>	3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SOUTH BOARDMAN, MI 49680			<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table>	3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SOUTH BOARDMAN, MI 49680			<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">900103096999</td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">05/23/07--01014--014 **61.25</td> </tr> </table>	900103096999	<input type="checkbox"/> Change <input type="checkbox"/> Addition	05/23/07--01014--014 **61.25			<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table>	3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SOUTH BOARDMAN, MI 49680																								
3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
SOUTH BOARDMAN, MI 49680																											
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">3674 HALL Rd. SW</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">SOUTH BOARDMAN, MI 49680</td> </tr> </table>	3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SOUTH BOARDMAN, MI 49680																								
3674 HALL Rd. SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
SOUTH BOARDMAN, MI 49680																											
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">900103096999</td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">05/23/07--01014--014 **61.25</td> </tr> </table>	900103096999	<input type="checkbox"/> Change <input type="checkbox"/> Addition	05/23/07--01014--014 **61.25																								
900103096999	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
05/23/07--01014--014 **61.25																											
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																										
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
	<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: *Douglas A Gerstler* **DOUGLAS A GERSTLER** **5-7-07 (863) 255-5680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #