

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058826

Entity Name: COMPUTER GENIES INC.

FILED  
Aug 31, 2005  
Secretary of State

## Current Principal Place of Business:

5110 CAESAR WAY S  
ST PETERSBURG, FL 33712

## New Principal Place of Business:

4009 67TH AVENUE N  
PINELLAS PARK, FL 33781

## Current Mailing Address:

5110 CAESAR WAY S  
ST PETERSBURG, FL 33712

## New Mailing Address:

4009 67TH AVENUE N  
PINELLAS PARK, FL 33781

FEI Number: 59-3458961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PURPARI, JACQUELINE  
5110 CAESAR WAY S  
ST PETERSBURG, FL 33712 US

## Name and Address of New Registered Agent:

FRANTZ, GERALDINE A  
4009 67TH AVE. N  
PINELLAS PARK, FL 33781 US

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.

SIGNATURE: GERALDINE A. FRANTZ

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PURPARI, JACQUELINE  
Address: 5110 CAESAR WAY S  
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: FRANTZ, GERALDINE A  
Address: 4009 67TH AVE N  
City-St-Zip: PINELLAS, FL 33781

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE A. FRANTZ

D

08/31/2005

Electronic Signature of Signing Officer or Director

Date