2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 19, 2005 08:00 AM Secretary of State **DOCUMENT # P98000051904** 1. Entity Name COMPLETE COMPUTER CONCEPTS, INC. Principal Place of Business Mailing Address 1130 NE 34 COURT 1130 NE 34 COURT OAKLAND PARK, FL 33334 US OAKLAND PARK, FL 33334 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0842344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURNS, TYLER L DO NOT WRITE 1130 NE 34 COURT OAKLAND PARK, FL 33334 IN THIS SPACE 3. The abuve 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, 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 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BURNS, TYLER L STREET ADDRESS 1130 NE 34 COURT CITY-ST-ZIP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-73P TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutés 1 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.563.0400

FILED