


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90064 016 ***150.00

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| DOCUMENT # P98000054259 |  |
| 1. Entity Name GLOBAL COMPUTER SOURCES, INC. | |

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| Principal Place of Business 801 W STATE RD 436 STE. 2143 ALTAMONTE SPRINGS, FL 32714 | Mailing Address 801 W STATE RD 436 STE. 2143 ALTAMONTE SPRINGS, FL 32714 |
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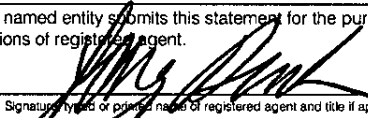
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03152004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3517570 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent BERKSON, GARY M 1132 SYMONDS AVE WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent Name BERKSON, GARY M. Street Address (P.O. Box Number is Not Acceptable) Moran & Shams, P.A. 111 N. Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801 |

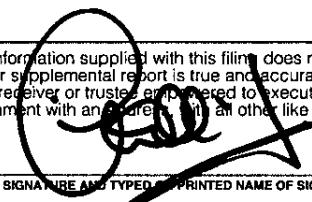
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) 03/18/2004 DATE

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, STEPHEN P 244 CHURCHILL DR. LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, MICHELE N 244 CHURCHILL DR. LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 officer or director empowered.

SIGNATURE:  **3/15/04 407.862.6388.**

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