
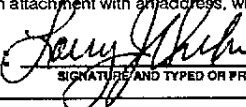


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000108193		
1. Entity Name A BETTER COMPUTER SOLUTION, INC.		
Principal Place of Business 5540 BEE RIDGE RD.,STE#4 SARASOTA, FL 34233	Mailing Address 5540 BEE RIDGE RD.,STE#4 SARASOTA, FL 34233	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HICKS, LARRY J 5540 BEE RIDGE RD.,STE.4 SARASOTA, FL 34233		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		U00000013295 01/26/04-80048-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HICKS, LARRY J 1833 BENEVA CT.,#1106 SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNER, PAUL 6571 MAUNA LOA BLVD SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, DAVID 1754 BAYWOOD DR SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMON, JUNE 4152 MARSEILLES AVE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  LARRY J. HICKS		Date: 01/15/04 941-379-6530



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0886659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required