2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # P98000108193 02-09-2005 90046 026 ***150.00 A BETTER COMPUTER SOLUTION, INC. Principal Place of Business Mailing Address 5540 BEE RIDGE RD., STE#4 5540 BEE RIDGE RD., STE#4 50012375 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0886659 Not Applicable 2ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKS, LARRY J Street Address (P.O. Box Number is Not Acceptable) 5540 BEE RIDGE RD., STE.4 SARASOTA FL 34233 City Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD PTD Change ☐ Addition TITLE Delete TITLE HICKS, LAMPY J HICKS, LARRY J NAME NAME STREET ADDRESS 1833 BENEVA CT., #1106 STREET ADDRESS 3451 QUEENS ST. CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP SARASOTA, FL 3423 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME KENNER, PAUL NAME STREET ADDRESS 6571 MAUNA LOA BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP TITLE VD ☐ Delete TITLE Change Addition NAMĚ FOSTER, DAVID NAME STREET ADDRESS STREET ADDRESS 1754 BAYWOOD DR CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP VD TITLE Change ■ Addition ☐ Defete RAMON, JUNE STREET ADDRESS 4152 MARSEILLES AVE STREET ADDRESS SARASOTA FL 34233 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 addiess, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-SE-7IP

ARRY J. HICK
THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

02/01/05 941-379-6530

FILED