2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Place of Buomass 1238 EASTON ST 1238 EAST	DOCUMENT # P9900005918  1. Entity Name SMJ COMPUTERS, INC.				Feb 18, 2004 08:00 AM Secretary of State	
2. Principal Race of Business 3. Mailing Address    Suite, Apr. F., etc.   Suite, Apr. F., etc.   MOORE   CR26034 (11/03)  City & State   Cry & State   Cry & State   Applied For    City & State   Cry & State   Cry & State   Applied For    City & State   Cry & State   Cry & State   Applied For    City & State   Cry & State   Cry & State   Applied For    City & State   Cry & State   Applied For    Country   Country   S. Certificate of State Desired   \$5.73 Applied For    City   F.   Country   S. Certificate of State Desired   \$5.73 Applied For    For Requirement   For Registered Agent   For Requirement    BISHOP, SHARDON K   1236 EASTON ST.    City   F.   Zep Code    8. The across named entity submits this statement for the purpose of changing its registered diffical or registered agent. Sharped Applied Applied For    The Address Provided Principles of Principles agent   Principles    SIGNATURE   September Applied State Applied Ap	Principal Plac	a of Burinace	Mailing Address		<u></u>	
2. Principal Place of Business 3. Mailing Address Suite. Apt. 4, etc. MOORE CREEGIAL (11/03)  2. P. Country 2. D. Country 2. D. Country 3. Country 3. Country 4. FEI Number 59-3556364 MA Applied Por Not Applied Por	· ·		<u>-</u>			
Sulte, Apil #, etc   Sulte, Apil #, etc   MOORE   CR28034 (11/03)  City & State   City & State   City & State   4. FEI Number   S9-3556364   Applied For Investigation   Applied For Investigation   Applied For Investigation   See Required   Fee Re			ORLANDO FL 32825	•		
Sulte, Apil #, etc   Sulte, Apil #, etc   MOORE   CR28034 (11/03)  City & State   City & State   City & State   4. FEI Number   S9-3556364   Applied For Investigation   Applied For Investigation   Applied For Investigation   See Required   Fee Re					1   10   10   11   12   12   13   14   15   16   17   18   17   18   18   18   18   18	
City & State  City & State  City & State  City & State  Country  Country  City  Country  City  Service of Status Desired  Service Additional  Fee Required	2. Principal Place of Business		3. Mailing Address			
S9-3555364   Not Applicable   S9-3555364   Not Applicable   S9-3555364   Not Applicable   S9-3555364   Not Applicable   S9-3555364   S9-3555364   Not Applicable   S9-3555364   S9-355536	Suite, Apt. #, etc		Suite, Apt #, etc		MOORE CR2E034 (11/03)	
BISHOP, SHARON K 1236 EASTON ST. ORLANDO FL 32825    City   FL   Zip Code	City & State		City & State			
BISHOP, SHARON K 1236 EASTON ST. ORLANDO FL 32825  City FL Zip Code  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  STORMAND STATE May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Addition Max 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Addition Max 2004 Fee will be \$550.00  The Contract May 1, 2004 Fee will be \$550.00  Addition Max 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 2, 2004 Fee will be \$550.00	Zip	Country	Zıp	Country		
Street Address (P.O. Box Number is Not Acceptable)  City	6. Name and Address of Current Registered Agent			Nicero	7. Name and Address of New Registered Agent	
1236 EASTON ST. ORLANDO FL 32825   City   FL   Zip Code	BICHUD CHYBUN K					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Synthum, fraction primal name of registered agent and their incidence of the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent of registered agent, or both. In the State of Florida. I am familiar with, and accept the product of the state of Florida. I am familiar with, and accept the product of Florida. I am familiar with, and accept the Addition of Registered agent of registered	123	6 EASTON ST.		Street Addre	ss (P.O. Box Number is Not Acceptable)	
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SOME PROJUME THE IS \$150.00  After May 1, 2004 Fee will be \$550.00  B. Election Campaign Financing Trust Fund Contribution.  Added to Fees Addition  NAME  STREET ADDRESS CITY ST. 2P  TITLE  MAKE  Delete  TITLE  MAKE  MAKE  MAKE  TITLE  Delete  TITLE  MAKE  STREET ADDRESS CITY ST. 2P  TITLE  MAKE  MAKE  STREET ADDRESS CITY ST. 2P  TITLE  MAKE  MAKE  MAKE  STREET ADDRESS CITY ST. 2P  TITLE  MAKE  MAKE  MAKE  STREET ADDRESS CITY ST. 2P  TITLE  MAKE	ORLANDO FL 32825					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  BISHOP, SHARON K SIRET ADDRESS CITY-ST-ZP  CITY-ST-ZP  ORLANDO FL 32825  CITY-ST-ZP  Delete  TITLE  MAKE SIRET ADDRESS CITY-ST-ZP  Delete NAME SIRET ADDRESS CITY-ST-ZP  Delete NAME SIRET ADDRESS CITY-ST-ZP  Delete NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  Delete NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRESS CITY-ST-ZP  TITLE NAME SIRE				City	FI Zip Code	
SIGNATURE   Sophilities   State   Stat	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME BISHOP, SHARON K STREET ADDRESS CITY-ST-2P ORLANDO FL 32825						
### Addition #### Addition ####################################	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating)  OATE					
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.	After May 1, 2004 Fee will be \$550.00					
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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 address, with all other like empowered

IGNATURE: Sharen K. Bishop Sharen K. Bishop 2-14-2004 407-273-3889