


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90380 050 ***150.00

DOCUMENT # P99000021772 1. Entity Name COMPUTER COMPONENTS INTERNATIONAL, INC.					
Principal Place of Business 4084 ARNOLD AVE UNIT #1 NAPLES, FL 34104			Mailing Address 4084 ARNOLD AVE UNIT #1 NAPLES, FL 34104		
2. Principal Place of Business 1648 RAINBOW CT Suite, Apt. #, etc. MARCO ISLAND FL City & State		3. Mailing Address 1648 RAINBOW CT Suite, Apt. #, etc. MARCO ISLAND FL City & State			
Zip 34145	Country US	Zip 34145	Country US	4. FEI Number 65-0924275	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ABRUZZO, LUDWIG J 5425 PARK CENTRAL COURT NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u><i>Michael J. Tremont</i></u> 4-10-06 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P TREMONT, MICHAEL 1661 N COPELAND DR MARCO ISLAND, FL 34145	<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	<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 exemptions contained in Chapter 119, 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 fees empowered.					
SIGNATURE: <u><i>Michael J. Tremont</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-06 239-269-7972 <small>Date Daytime Phone #</small>		

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04122006 Chg-P CR2E034 (11/05)