2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT 05-02-2006 90170 044 ***150.00 DOCUMENT # P99000043462 MOBILE COMPUTER SERVICES, INC. 40.078331 Principal Place of Business Mailing Address 15311 OLD HWY 441 15311 OLD HWY 441 LINIT A LINIT A TAVARES, FL 32778 TAVARES, FL 32778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-2476268 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SKINNER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2250 GRASMERE DR APOPKA, FL 32703 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 regi Kichard L. Skinner Jl SIGNATURE & registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SKINNER, RICHARD NAME NAME STREET ADDRESS 2250 GRASMERE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P Addition ☐ Chance TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE

12. I hereby certify that the information supplied with this filling 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 testific 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.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Richard L. Skinner In X

Davtime Phone #

FILED