## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 A Secretary of State

> 941-427-1379 Daytime Phone #

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DOCUMENT # V34049  1. Entity Name COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC.					Secret	ary of St	
Principal Plac	ce of Business	Mailing Address					
2272 PINEV SARASOTA, I		2272 PINEVIEW CIR					
SHINASUTA, I	11 34231	SARASOTA, FL 34231					
Charle Colors		23 Villera Service Salabille (C. 25)	Transfer and the A.C.				
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			04242007	No Chg-P	CR2E034 (	(11/05)	
	O NOT WRITE	CE	4. FEI Numbe		<del></del>	Applied For	
				65-0335462			Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
	6. Name and Address of Current Re			988 3 J	"性"的强烈性	<b>洲北海洲</b>	
SEDLAR, JO ANN					AIOT IAI	DITE	
2272 PINE VIEW CIR				31 St. 11	NOT W	5.3.5 to \$9.5 to	
SARASOTA, FL 34231				. IN J	THIS SP	ACE	
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 ill applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
				, mile resistancy		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	<b>建</b> 数数据数	S. Mark			STATE THE
TITLE NAME	D SEDLAR, JO ANN		Rich Lin				
STREET ADDRESS	2272 PINEVIEW CIR			is a section			
CITY-ST-ZIP	SARASOTA, FL 34231	<u> </u>					
TITLE NAME					L. Jann	00073860	
STREET ADDRESS					05/11/	0748007	
CITY-ST-ZIP							La Sabras
TITLE NAME				计划数			
STREET ADDRESS			Ection 1999		NICTIA	DITE	
CITY-ST-ZIP				ويواني:	NOT W		
TITLE NAME				· IN	THIS SP	PACE	
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CITY-ST-ZIP				的存地			
NAME.							
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CITY-ST-ZIP							
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STREET ADDRESS						<b>"时间</b> "	12437年第1
CITY-ST-ZIP	<u> </u>		は、これの問題	A SHARE	mere years.	湖流水流	的問題地理

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 like empowered.

SIGNATURE: