


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90175 026 ***150.00

DOCUMENT # F06000007945			
1. Entity Name K AND A COMPUTERS, INC			
Principal Place of Business 849 E AULMAN ST ELY NV 89301		Mailing Address PO BOX 150877 ELY NV 89315	
3544 DIAMOND TER. MULBERRY, FL 33860		P.O. Box 5176 Lakeland, FL 33807-5176	
2. Principal Place of Business - No P.O. Box # 3544 DIAMOND TERRACE Suite, Apt. #, etc. MULBERRY, FL		3. Mailing Address P.O. Box 5176 Suite, Apt. #, etc.	
City & State MULBERRY, FL		City & State LAKE LAND FL	
Zip 33860	Country USA	Zip 33807-5176	Country USA
4. FEI Number 20-5135000		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ROBERT G 3544 DIAMOND TERRACE MULBERRY, FL 33860		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	CP HARRIS, ROBERT G 3544 DIAMOND TERRACE MULBERRY, FL 33860 <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	VCST HARRIS, DOLORES M 3544 DIAMOND TERRACE MULBERRY, FL 33860 <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 like empowered.			
SIGNATURE: <i>Dolores M. Harris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/08 863-819-8092 Date Daytime Phone #	