



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 133354 2. Name of Corporation Capitol Business Equipment, Inc

3. Street Address Principal Business Office 645 South McDonough Street City: Montgomery State: Alabama Zip: 36104

4. Business Phone No. 334-265-8903 5. State of Incorporation Alabama 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
POS and CCTC retailer, we install and service all of the equipment we sell. We are B2B

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name J. Loring White	Vice President Name Kathy White
Street Address 645 South McDonough Street	Street Address 645 South McDonough Street
City State Zip Montgomery Alabama 36104	City State Zip Montgomery Alabama 36104
Secretary Name	Treasurer Name James Anderson
Street Address	Street Address 645 South McDonough Street
City State Zip	City State Zip Montgomery Alabama 36104

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Same as above	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
300	common	16.662/3

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
101	common	16.662/3

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: James Anderson Date: 8-29-05
Print or Type Name of Officer: James Anderson
Title of Officer: Tres. / CFO

File Date: 10/6/05
Check No.: 15516
By: DA
FOR SECRETARY OF STATE USE ONLY



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1. Corporate ID No. 133354		2. Name of Corporation Capitolb Business Equipement, Inc			
3. Street Address Principal Business Office 645 South McDonough Street			City Montgomery	State AL	Zip 36104
4. Business Phone No. 334-265-8903		5. State of Incorporation Alabama			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Retail sales, installation and service od Point of Sale and Close Circuit Television equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Loring White			Vice President Name		
Street Address 645 South McDonough Street			Street Address		
City Montgomery	State AL	Zip 36104	City	State	Zip
Secretary Name Kathy White			Treasurer Name		
Street Address 645 South McDonough Street			Street Address		
City Montgomery	State AL	Zip 36104	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James Anderson			Director Name		
Street Address 645 South McDonough Street			Street Address		
City Montgomery	State AL	Zip 36104	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 comm	\$16.66 2/3 par value		101	comm	16.66 2/3

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 3 3 5 4

File Date 3.1.04
Check No. 104092
By: AK
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer James Anderson Date 2.24.04
Print or Type Name of Officer
James Anderson
CFO
Title of Officer