


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90095 002 ***150.00

DOCUMENT # F00000006822	
1. Entity Name CODEWARE, INC.	

Principal Place of Business 6500 RIVER PLACE BLVD BLDG II, SUITE 104 AUSTIN, TX 78730	Mailing Address 6500 RIVER PLACE BLVD BLDG II, SUITE 104 AUSTIN, TX 78730
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2. Principal Place of Business - No P.O. Box # 5224 STATION WAY	3. Mailing Address 5224 STATION WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34233	Zip 34233
Country USA	Country USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 76-0403401	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BILDY, LESLIE M 8586 POTTER PARK DRIVE SUITE 113 SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name: (Same) Street Address (P.O. Box Number is Not Acceptable): 5224 STATION WAY City: SARASOTA FL Zip Code: 34233
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILDY, LESLIE M 8586 POTTER PARK DRIVE, SUITE 113 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILDY, LESLIE M. 5224 STATION WAY SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGLIAVACCA, JOHN 3100 S GESSNER ROAD, SUITE 610 HOUSTON, TX 77063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGLIAVACCA, JOHN 5224 STATION WAY SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILDY, MARY ANN 8586 POTTER PARK DRIVE, SUITE 113 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILDY, MARY ANN 5224 STATION WAY SARASOTA, FL 34233 <input checked="" 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
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
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

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: *Les Bilty* DATE: 941-927-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR