


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90076 041 ***150.00

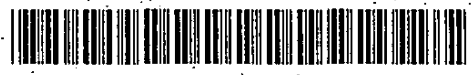
DOCUMENT # F02000004701
 1. Entity Name
COMPUTEREASE SOFTWARE INC.



Principal Place of Business 3016 HARRISON AVE. CINCINNATI, OH 45211	Mailing Address 3016 HARRISON AVE. CINCINNATI, OH 45211
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20013960



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1364219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTLIN, ROBERT
 6142 SE LANDING WAY, UNIT 10 BLDG. 9
 STUART, FL 34997

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTLIN, ROBERT 3016 HARRISON AVE. CINCINNATI, OH 45211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIBERS, JOHN 3016 HARRISON AVE. CINCINNATI, OH 45211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, AMY 3016 HARRISON AVE. CINCINNATI, OH 45211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Amy Fox Amy Fox 2-3-05 (513) 481-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #