2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L06000024404

Entity Name: WCCKA SOFTWARE, LLC

Current Principal Place of Business:

8057 BRACKEN LANE
MELBOURNE, FL 32940

New Principal Place of Business:

5976 INDIGO CROSSING DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

8057 BRACKEN LANE
MELBOURNE, FL 32940

New Mailing Address:

5976 INDIGO CROSSING DRIVE
ROCKLEDGE, FL 32955

FEI Number: 20-4445951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, GEORGE L CPA
1485 NORTH ATLANTIC AVE
SUITE 102
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FERRER, WILLIAM
Address: 8057 BRACKEN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR ( ) Delete
Name: FERRER, CHRISTINE M
Address: 8057 BRACKEN LANE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERRER, WILLIAM
Address: 5976 INDIGO CROSSING DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR (X) Change ( ) Addition
Name: FERRER, CHRISTINE M
Address: 5976 INDIGO CROSSING DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM FERRER MR. 04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date