

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jan 26, 2007  
Secretary of State**

DOCUMENT# L42799

Entity Name: ALLBIZ SOFTWARE CONSULTANTS, INC.

**Current Principal Place of Business:**

1320 SW 20TH STREET  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

P.O. BOX 273528  
BOCA RATON, FL 334273528 US

**New Mailing Address:**

FEI Number: 65-0162419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

W. RODGERS MOORE, P.A.  
ONE LINCOLN PLACE, STE. 401  
1900 GLADES ROAD  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDSON, ANNA L  
Address: 1320 SW 20TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: DSCH ( ) Delete  
Name: FOSS, JOHN P  
Address: 1320 SW 20TH STREET  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA EDSON

PD

01/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date