

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025161

Entity Name: CIVILSOFT INC.

FILED  
Jan 31, 2007  
Secretary of State

**Current Principal Place of Business:**

6908 SW 148 LANE  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

6908 SW 148 LANE  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 02-0571754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRIS, DEAN  
6908 SW 148 LANE  
DAVIE, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRUMMOND, COURTNEY  
Address: 7261 NW 46TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: MORRIS, DEAN  
Address: 8636 MIRAMAR BLVD.  
City-St-Zip: MIRAMAR, FL 33025

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

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

Title: D (X) Change ( ) Addition  
Name: MORRIS, DEAN  
Address: 6908 SW 148 LANE  
City-St-Zip: DAVIE, FL 33331

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: DEAN MORRIS

D

01/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date