

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90571 009 ***150.00

DOCUMENT # P02000060383		
1. Entity Name SCISOFT INC.		

Principal Place of Business 1340 GULF BLVD 9A CLEARWATER BEACH, FL 33767	Mailing Address 1340 GULF BLVD 9A CLEARWATER BEACH, FL 33767
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2. Principal Place of Business 1310 GULF BLVD #11A	3. Mailing Address 1310 GULF BLVD #11A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03142005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3370020	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SZWARC, IRIS 1340 GULF BLVD., #9A CLEARWATER, FL 33767	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1310 GULF BLVD #11A	
City	FL Zip Code

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 X Iris Szwarc (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	SZWARC, IRIS
STREET ADDRESS	1340 GULF BLVD., #9A
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D ☐ Delete
NAME	SZWARC, RALPH
STREET ADDRESS	1340 GULF BLVD., #9A
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1310 GULF BLVD #11A
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1310 GULF BLVD #11A
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Iris Szwarc 3-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #