
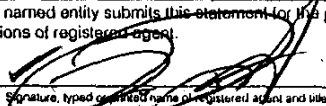



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90572 032 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # P03000042552 | |  | |
| 1. Entity Name NAUTILUS SOFTWARE, INC. | | | |
| Principal Place of Business 7419 TWIN SABAL DRIVE MIAMI LAKES, FL 33014 | | Mailing Address 7419 TWIN SABAL DRIVE MIAMI LAKES, FL 33014 | |
| 2. Principal Place of Business 321 E SHERIDAN ST #407 | | 3. Mailing Address 321 E SHERIDAN ST #407 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State DANIA BEACH FL | | City & State DANIA BEACH FL | |
| Zip 33004 | Country USA | Zip 33004 | Country USA |
| 6. Name and Address of Current Registered Agent DROZD, PETER 7419 TWIN SABAL DRIVE MIAMI LAKES, FL 33014 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 321 EAST SHERIDAN ST # 407 City DANIA BEACH FL Zip Code 33004 | |
| 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 4/15/05 | |
| SIGNATURE, typed printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DROZD, PETER 7419 TWIN SABAL DRIVE MIAMI LAKES, FL 33014 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 321 E SHERIDAN ST #407 DANIA BEACH FL 33004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 employees. | | | |
| SIGNATURE:  | | DATE 4/15/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |