

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085335

Entity Name: SERENE SOFTWARE, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

F-7 104 LAGUNA VILLAS BLVD.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

116 19TH AVENUE NORTH
SUITE 503
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

F-7 104 LAGUNA VILLAS BLVD.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

116 19TH AVENUE NORTH
SUITE 503
JACKSONVILLE BEACH, FL 32250

FEI Number: 16-1680175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SICK, MICHAEL
Address: F-7 104 LAGUNA VILLAS BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SICK, MICHAEL
Address: 116 19TH AVENUE NORTH, SUITE 503
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL SICK

PSTD

08/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date