2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053565

Entity Name: CONDUWARE INC

FILED Apr 11, 2006 Secretary of State

Littly Name. CONDOWARE INC				
Current Pri	incipal Place of Business:	New Principal Place	New Principal Place of Business:	
31 GLEN C ARDEN, NO		31 GLEN COVE RD ARDEN, NC 30263	US	
Current Ma	niling Address:	New Mailing Addres	New Mailing Address:	
31 GLEN C ARDEN, NO		31 GLEN COVE RD ARDEN, NC 28704	US	
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address	Name and Address of New Registered Agent:	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US The above named entity submits this statement for the purpose in the State of Florida.		1203 GOVERNORS \$ SUITE 101 TALLAHASSEE, FL \$	TALLAHASSEE, FL 323012960 US	
	oi Fiorida. E: BUSINESS FILINGS INCORPORAT	ED	04/11/2006	
SIGNATUR	Electronic Signature of Registered		Date	
Election Cam	paign Financing Trust Fund Contribution ().	J.		
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete EUSTIS, THOMAS 31 GLEN COVE RD ARDEN, NC 28704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete EUSTIS, THOMAS 31 GLEN COVE RD ARDEN, NC 28704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete PAWLING, BRIAN III 29 GLEN COVE RD ARDEN, NC 28704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete PAWLING, BRIAN 29 GLEN COVE RD ARDEN, NC 28704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete KIRBY III, WILLIAM 11 JEFFERSON PLACE NEWNAN, GA 30263	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: THOMAS PEREZ EUSTIS JR PRES 04/11/2006