

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501280

Entity Name: APPLIED SOFTWARE, INC.

FILED
Feb 04, 2007
Secretary of State

Current Principal Place of Business:

6720 PAXSON RD
SUITE 115
NEW HOPE, PA 18938 US

New Principal Place of Business:

6720 PAXSON RD
NEW HOPE, PA 18938 US

Current Mailing Address:

6720 PAXSON ROAD
NEW HOPE, PA 18938 US

New Mailing Address:

6720 PAXSON ROAD
BOX 566
NEW HOPE, PA 18938 US

FEI Number: 59-1668686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPHSON, JANIS
737 SANDY POINT LN
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: JOSEPHSON, JANIS
Address: 6720 PAXSON ROAD
City-St-Zip: NEW HOPE, PA

Title: VSD () Delete
Name: DAILEY, GEORGE
Address: 6720 PAXSON ROAD
City-St-Zip: NEW HOPE, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JANIS JOSEPHSON

PRES

02/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date