2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001223

Entity Name: ACCRISOFT CORPORATION

FILED Jan 26, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431

FEI Number: 65-1079093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLINE, JEFFREY A 1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition

KLINE, JEFFREY A Name: Name: KLINE, JEFFREY A

1900 NW CORPORATE BLVD STE 400 EAST 1900 NW CORPORATE BLVD STE 400 EAST Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33431

SD Title: SD (X) Change () Addition Title: () Delete Name: KASTEN, JAFFREY Name: ZEITLER, MARK

1900 NW CORPORATE BLVD STE 400 EAST 3969 ROBERTS POINT ROAD Address: Address:

BOCA RATON, FL City-St-Zip: City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: (X) Change () Addition ADAMS, SCOTT ADAMS, SCOTT Name: Name:

1950 BLUE LAKE DR., STE 900 8000 NORTH FEDERAL HWAY, STE. 300 Address: Address:

City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33487

Title: (X) Delete Title: () Change () Addition

ZEITLER, MARK Name: Name: 3969 ROBERTS POINT RD Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

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: JEFFREY A. KLINE PTD 01/26/2004