


**2007 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

**FILED**

**Jan 11, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # F01000001223</b> 1. Entity Name <b>ACCRISOFT CORPORATION</b>	
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Principal Place of Business <b>1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431</b>	Mailing Address <b>1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431</b>
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1079093</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KLINE, JEFFREY A 1900 N.W. CORPORATE BLVD., STE 400 EAST BOCA RATON, FL 33431</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>KLINE, JEFFREY A 1900 NW CORPORATE BLVD STE 400 EAST BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>ZEITLER, MARK 3969 ROBERTS POINT ROAD SARASOTA, FL 34242</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ADAMS, SCOTT 8000 NORTH FEDERAL HWAY, STE. 300 BOCA RATON, FL 33487</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/07-80013-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **561-988-2516**