


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91288 028 \*\*\*150.00

<b>DOCUMENT # F01000003511</b>					
1. Entity Name DIAMOND RIDGE SOFTWARE SOLUTIONS, INC.					
Principal Place of Business 3 CABOT WAY CLIFTON PARK, NY 12065			Mailing Address 30 MEADOW RUE PLACE BALLSTON SPA, NY 12020		
2. Principal Place of Business 30 Meadow Rue Place		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ballston Spa, NY		City & State		4. FEI Number 14-1786243	
Zip 12020		Country Saratoga		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORTIN, ROBERT E 15014 WARLICK CT ORLANDO, FL 32828			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN AVERY, WILLIAM		NAME	Van Avery, William	
STREET ADDRESS	3 CABOT WAY		STREET ADDRESS	30 Meadow Rue Place	
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP	Ballston Spa, NY 12020	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, GEORGE W		NAME	Lawrence, George W	
STREET ADDRESS	3 CABOT WAY		STREET ADDRESS	30 Meadow Rue Place	
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP	Ballston Spa, NY 12020	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN AVERY, JUDITH M		NAME	Van Avery, Judith M	
STREET ADDRESS	3 CABOT WAY		STREET ADDRESS	30 Meadow Rue Place	
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP	Ballston Spa, NY 12020	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNELL, SCOTT M		NAME	Brunell, Scott M	
STREET ADDRESS	3 CABOT WAY		STREET ADDRESS	30 Meadow Rue Place	
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP	Ballston Spa, NY 12020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: <i>Judith M. Van Avery</i>			Judith M. Van Avery		04/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		518-371-0078
					Date-time Phone #