


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003511
1. Entity Name
DIAMOND RIDGE SOFTWARE SOLUTIONS, INC.



Principal Place of Business: 30 MEADOW RUE PLACE, BALLSTON SPA, NY 12020
Mailing Address: 30 MEADOW RUE PLACE, BALLSTON SPA, NY 12020

DO NOT WRITE IN THIS SPACE



06132005 No Chg-P CR2E034 (10/03)

4. FEI Number: 14-1786243 Applied For: No: Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORTIN, ROBERT E
15014 WARLICK CT
ORLANDO, FL 32828

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: _____ DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: VAN AVERY, WILLIAM
STREET ADDRESS: 30 MEADOW RUE PLACE	CITY/STATE: BALLSTON SPA, NY 12020
TITLE: S	NAME: LAWRENCE, GEORGE W
STREET ADDRESS: 30 MEADOW RUE PLACE	CITY/STATE: BALLSTON SPA, NY 12020
TITLE: T	NAME: VAN AVERY, JUDITH M
STREET ADDRESS: 30 MEADOW RUE PLACE	CITY/STATE: BALLSTON SPA, NY 12020
TITLE: V	NAME: BRUNELL, SCOTT M
STREET ADDRESS: 30 MEADOW RUE PLACE	CITY/STATE: BALLSTON SPA, NY 12020
TITLE:	NAME:
STREET ADDRESS:	CITY/STATE:
TITLE:	NAME:
STREET ADDRESS:	CITY/STATE:

U00000369586
06/16/05-80001-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(j), 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 line empowered.

SIGNATURE: Judith M. Van Avery Judith M. Van Avery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR