


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
14-1786243 Not 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

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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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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05/09/06-80077-003 150.00

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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: Judith M. Van Avery Judith M. Van Avery 4/22/06 518-899-6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing