

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-14-2005 90082 007 \*\*\*150.00



F01000004036

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # F01000004036</b>					
1. Entity Name INFOTECH SOFTWARE SOLUTIONS, INC.					
Principal Place of Business 1700 IOWA AVE., SUITE 100 RIVERSIDE, CA 92507			Mailing Address 1700 IOWA AVE., SUITE 100 RIVERSIDE, CA 92507		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 33-0867496			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDY, B.V.R. MOHAN		NAME	GREGORY B. TILLEY	
STREET ADDRESS	347 ROAD NO. 22 JUBILEE HILLS		STREET ADDRESS	43439 RIDGEVIEW PLACE	
CITY-ST-ZIP	HYDERABAD, A.P. INDIA,		CITY-ST-ZIP	ASHBURN, VA. 20147	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHARITHA, B		NAME		
STREET ADDRESS	347 ROAD NO. 22 JUBILEE HILLS		STREET ADDRESS		
CITY-ST-ZIP	HYDERABAD, A.P. INDIA,		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASETTY, RAJAN BABU		NAME		
STREET ADDRESS	9024 KARA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	RIVERSIDE, CA 92508		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		
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 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 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: 			4-30-05 951-686-5463		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		