

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004693

FILED
Jan 02, 2007
Secretary of State

Entity Name: MILSOFT UTILITY SOLUTIONS, INC.

Current Principal Place of Business:

4400 BUFFALO GAP RD., #5150
ABILENE, TX 79606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5726
ABILENE, TX 79608

New Mailing Address:

FEI Number: 75-2255624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, JOHN R
7100 PLANTATION, DR., #17
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CARR, CURTIS W
Address: P.O. BOX 5726
City-St-Zip: ABILENE, TX 79608

Title: EVP () Delete
Name: GIESECKE, LEON C
Address: P.O. BOX 5726
City-St-Zip: ABILENE, TX 79608

Title: DT () Delete
Name: CARR, CAROL B
Address: P.O. BOX 5726
City-St-Zip: ABILENE, TX 79608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: GIESECKE, LEON C
Address: P.O. BOX 5726
City-St-Zip: ABILENE, TX 79608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON C. GIESECKE, JR.

PRES

01/02/2007

Electronic Signature of Signing Officer or Director

_____ Date