2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90237 005 ***150.00

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1. Entity Name
ANTERIOR SOFT COMPANY

Principal Place of Business	Mailing Address
1675 NW 4TH AVE. #804 BOCA RATON, FL 33432	1675 NW 4TH AVE. #804 BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
2771 Hampton Circle N	2771 Hamton Circle N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33445 Country: USA	Zip: 33445 Country

03082006 Chg-P CR2E034 (11/05)

4. FEI Number: 98-0440442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRR, KRISTIAN E
2771 HAMPTON CIR., N.
DELRAY BEACH, FL 33445

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	CPST	☐ Delete
NAME	ALI, ARIF	
STREET ADDRESS	JAHANDHAR TOWERS #302	
CITY-ST-ZIP	MAHIDIPATNAM HYDEERABAD INDI,	
TITLE	VV	☐ Delete
NAME	BEGUM, NAZEOMA	
STREET ADDRESS	JAHANDHAR TOWERS #302	
CITY-ST-ZIP	MAHIDIPATNAM HYDEERABAD INDI,	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
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TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 ... address with all other like empowered.