


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000000153**

1. Entity Name  
PROFIT CENTER SOFTWARE INC.



Principal Place of Business  
11 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

Mailing Address  
11 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0273607	Applied For 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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CP LEEDS, RICHARD 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEEDS, ROBERT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, BRUCE 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EHRlich, MATTHEW 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSH, CURT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPEILLER, MICHAEL 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050

UN0000397397  
01/30/06-80045-021 150.00

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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 reports 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: MICHAEL SPEILLER VP. 1/13/06 516-608-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #